

# THE AMERICAN JOURNAL OF NURSING

VOL. VI

NOVEMBER, 1905

NO. 2

## EDITORIAL COMMENT



### THE ILLINOIS TRAINING-SCHOOL LEADS IN AFFILIATION

THE Illinois Training-School of Chicago is the first of the large schools to open its doors for affiliation with small schools to meet the demands of State registration for a more extended experience for the pupils of small hospitals. Arrangements with two of these small schools are already completed, while a third is under consideration.

The Dixon Hospital will give two years of training and then send its pupils to the Illinois for the third year, where medical, the diseases of children, obstetrical, and contagious experience will be had. The Passavant Hospital School will send its pupils to the Illinois for training in children's diseases.

This is a splendid beginning and will make registration comparatively easy when once the Illinois bill has passed—in fact, it will perhaps remove one of the most serious obstacles to the passage of the bill, as it solves the problem of the small hospital training-school.

We congratulate Miss Rose and the managers of the Illinois Training-School upon having taken this most progressive step. It is time that some of the large hospitals in New York State wake up to their responsibility to the smaller hospitals. The demand for such affiliation is very great, and in order to make State registration a complete success there must be a more cordial relationship established between the large and small schools.

---

### THE ELIGIBLE VOLUNTEER CORPS

SINCE the last number of the JOURNAL was published we have had Mrs. Kinney send us copies of the forms and circulars that are sent to

would-be applicants of the Eligible Volunteer List, that we might again go over them critically, to find out, if possible, in what way they fail to meet the approval of the applicants.

We see nothing in these papers that explains the difference between the volunteer service and the regular service in the Nurse Corps—in fact, the papers are identical for both departments, which we think is a mistake.

The Eligible Volunteer nurses are for a possible emergency or national calamity, which implies a short term, and it would seem to us hardly necessary that the volunteers should be compelled to pledge themselves for a three-year term of enlistment. We are of the opinion that if such an enrolment could be reduced to one year, and a special circular issued explaining a little more fully just what the volunteer service is supposed to mean, that many nurses who are hesitating to pledge themselves for three years would immediately enroll for the shorter term.

The ruling that travelling expenses shall be returned, referred to in Miss Johnson's paper, has been made, undoubtedly, as result of experience.

We take some exception, also, to the rather formidable health certificates that are called for. There are two forms to be filled out, one by the nurse, the other by a doctor, very many of the questions being in duplicate—and when all has been recorded in the Surgeon-General's office a nurse might have the feeling that she no longer possessed any internal privacy.

For the regular army nurse service this is all very necessary, but for an emergency service of a shorter term—if such were possible—we think one health certificate covering the essential points would be enough.

However, we do not consider that any of these objections are of sufficient importance to account for the seeming lack of interest on the part of American nurses, nor do we feel that our contributors have in any sense gotten at the heart of the matter, although we are very grateful to them both for the expression of their views.

We ask again, Why is it that the Eligible Volunteer Service does not appeal to American nurses?

---

### THE QUESTION OF LOYALTY

ONE of our correspondents in the last number of the *JOURNAL* refers to the question of the lack of loyalty on the part of physicians towards nurses, and deplors the fact that while nurses are from the first day of entering the hospital "trained" to be loyal to the doctor,

there is no corresponding loyalty required of the doctors towards the nurses.

This is in the main true. There are many individual exceptions, of course, but the medical profession as a body has not adopted a code of ethics towards the nursing profession, nor do we know that it is considering such a step at the present time, and even if such a code were framed and adopted by, we will say, the American Medical Association, it would not be observed by all of its members, because many of those members are not loyal to all of the members of their own profession, as none know better than nurses.

The medical profession is led and dominated by its brightest and best men, as is every profession and every organized group of workers. We are apt to judge of the whole by the ideals and standards of the leaders, and are subject to constant disillusionments in our intercourse with the great rank and file who have not been brought up to the level of the best. This is true of the nursing profession as well as the other professions.

The medical profession, like the nursing profession, has risen from a very obscure and humble origin to its present dignified position. It has done this slowly, taking several hundred years to reach its present state of development, and has not yet ceased to progress. Nursing as a profession began to rise less than fifty years ago.

The medical profession has gotten into the habit of looking upon nurses as a class of people who were once upon a time upon the same low level as themselves, and therefore as inferior servants, because during those early days of medical development nurses stood still and the rank and file remained ignorant and, we may say, ostracized, while the doctors were stepping up a peg both socially and intellectually.

The habit of subordination was very strongly established in those early days in the relationship between doctors and nurses, and it is that habit of thought which still remains in a very marked degree that is the cause of what nurses sometimes call disloyalty.

A certain type of nurse even to-day cannot think or act without a doctor's instruction; a certain type of doctor can think of nurses only as his subordinates and servants; this attitude is hereditary, it has come down to him through the centuries, and he in his turn has taught or tried to teach it to the nurses whom he has helped to train.

As the ranks of nursing have become filled with better educated women, many of these socially much above the men they must work under, the attitude of condescension assumed by the medical men is quite intolerable, and as a result there is developing an undercurrent of antagonism that is detrimental to the best interests of the sick.

## WHAT CAN BE DONE ABOUT IT?

First, we think the whole matter is simply a question of evolution. The older men who were educated during the old régime of nurses are fast passing away; the younger men who have been associated with nurses in training during their own period of medical education or practice have less of this "attitude" than the men of the last generation, although we have to acknowledge that it is dying hard.

With the standards of nursing education constantly improving, with the selection of nurses made with greater care, with a recognized legal and professional status, there will come about a better understanding between the members of the two professions of medicine and nursing, and the relation of master and servant will give way to that of professional co-workers.

In the meantime, is there nothing to be said in regard to the ethical relations existing between nurses?

How can a doctor be criticised for unjustly dismissing a nurse from a case when he can find twenty nurses ready and waiting to fill the vacancy without making so much as a protest against his treatment of a fellow-worker? Are such nurses loyal to their own profession?

Can we expect deference and courtesy from the members of the hospital family towards the superintendent of the training-school when that superintendent makes a practice at the table of making fun of the woman holding a similar position in a neighboring hospital, speaking of her always by a ridiculous nickname and never missing an opportunity to criticise her work and her nurses. Is such a woman loyal to her profession?

Is a superintendent justified in speaking of her pupils to the members of the hospital board and medical staff as if they belonged to an inferior class of people, and are the pupils to be excused who refer to their superintendent by her given name when speaking of her to the patients and house doctors?

These things are done, not by the best in the ranks, but too frequently by individual women "in good standing." And, again, the custom followed by so many pupils, and also graduates, of addressing each other by the last name is unwomanly, undignified, and disloyal. Do we ever hear a doctor speak to a nurse of a brother physician as "Smith" or "Jones"? Does he ever fail to use the professional title? We never have known such men, and we doubt if they can be found in any number among the men whom we respect.

We think the nursing profession has a good many "beams" still left to pluck out. There could be no question of disloyalty on the part of doctors towards nurses if nurses stood solidly together in their

loyalty towards each other. No man can practise medicine among the best people and be in such bad repute with the nurses of his community that he cannot get one of them to take his cases. In just the proportion that a nurse depends upon the doctor for her work, the doctor depends upon the nurse for the success of his cases. When nurses are as loyal to each other as the doctors are to each other, then the doctors will be obliged to be as loyal to the nurses as the nurses now are to them.

This whole question of loyalty needs to be given greater attention in the training-school, both by precept and example,—the superintendents are not altogether blameless,—and it should also be taken up in the alumnae associations and clubs, and when a member is shown to have been grossly disloyal to a sister nurse she should be disciplined by some expression of disapproval from the association as a whole.

We have been obliged to postpone the discussion of "Training-Schools on the Pacific Coast" to make space for the more pressing subject of loyalty, some flagrant instances of disloyalty among nurses having come to our knowledge since the subject was introduced in the last number of the JOURNAL.

#### IMPORTANT TO ALUMNÆ MEMBERS

At the October meeting of the JOURNAL directors it was shown that only five shares of stock in the company remains unsold, and that so large a proportion of the shares are now held by the alumnae associations that those associations will have a controlling vote in the stockholders' meeting.

It was also reported that a number of the individual stockholders were willing to dispose of their shares.

The policy of the directors during the past year has been to sell shares only to the alumnae associations, although there have been many requests from individual nurses for such shares.

The directors are now hoping that the alumnae associations will quickly take up the remaining shares, after which the shares of a number of the individual and original stockholders will be for sale and the policy to sell such stock only to the alumnae associations will be adhered to for the present.

Last year the stock paid a dividend of three per cent., and the business year just closed shows a better financial situation than at any previous time.

#### THE SITUATION IN A NUTSHELL.

The JOURNAL was originally intended to be the property of the National Alumnae Association. It was financed in the beginning by

a small group of individual members with the understanding that the National Association would eventually reimburse them for their outlay and assume the financial management of the magazine. It has not been as yet considered expedient for the National Association to undertake entirely the financial responsibility of the *JOURNAL*, although it already owns several shares of stock.

In the meantime the affiliating alumni associations are buying up the stock and only five of the original shares remain unsold; it is hoped that during the coming year these associations will not only take up these five shares, but will also buy the shares now held by individual members. When this has been accomplished the next step will be for the National Association to buy out the affiliating associations, a few shares at a time, as the condition of its treasury will permit, and eventually become the exclusive owner of the magazine.

By this line of procedure the original plan is being perfected. The individual members who assumed the financial risk will have the money actually advanced refunded to them and their obligation to the alumni will be discharged. The National Alumni will have fulfilled its promises and the *JOURNAL* will be in fact what it has always been in inference, the organ and property of the National Association.

The immediate future of the *JOURNAL* is in the hands of the affiliating alumni associations. They hold the balance of power and will be responsible for the success or failure of the financial and professional policy of the magazine until such time as the National Association shall be able to assume the exclusive management.

In the hands of a score or more of women the *JOURNAL* has been financed and established, and with much anxious labor has become one of the recognized forces in the progressive life of nurses all over the world.

The experimental period has now passed, and that such a magazine can be both a professional and financial success has been undeniably demonstrated by the women who composed the original *JOURNAL* Company.

It is now up to the alumni associations to carry forward the work so well begun; this broader interest should be felt in two ways: first, in a greatly increased subscription list, for if the alumni associations have invested their money in a business they must certainly be interested in the financial returns as represented through the subscription list and the advertising pages, and, secondly, in a greater sense of individual responsibility for the character of the contents of the *JOURNAL* month by month.

**A SPECIAL OFFER TO ALUMNÆ STOCKHOLDERS.**

The directors have decided to offer to those alumnae associations that are paid-up stockholders in the JOURNAL Company and who will include the subscription to the JOURNAL in the membership fee of their associations a reduction of fifty cents per annum, making the subscription price to all members of such alumnae associations one dollar and fifty cents.

It must be distinctly understood that this offer is to alumnae associations only owning stock in the JOURNAL, and that such associations must by a vote of the association have agreed to include the JOURNAL subscription in the membership fee, such subscriptions to be paid annually to the JOURNAL by some one officer or by a committee appointed by each alumnae association for this work.

**AN INCREASE IN THE STAFF OF COLLABORATORS.**

It has been decided to increase the staff of collaborators of the JOURNAL this year with a view to securing at least one representative in each State. A number of names have been added to the list this month, as will be seen on the announcement page, but as the roll is not yet complete we reserve special mention until a later number.

**THE OFFICIAL DIRECTORY.**

We have published in this number a list of societies with the names of the officers, which it is our intention to have appear in each issue of the JOURNAL under the heading of "Official Directory." In getting the material together we found we were unable to supply all the data needed, and we hope before another number of the JOURNAL goes to press that the officers of those societies that are not accurately reported will see to it that the necessary corrections are sent to us.

This Directory is established for the convenience of the organizations' workers and because of a number of requests from our readers that such a list of addresses should be published in the JOURNAL, but to be of real value the names of the officers, with their addresses, must be correct, and we must be notified promptly of changes as quickly as they occur. When a society has a fixed date for the annual meeting we will add that fact if so requested.

The object of the Directory is for convenience in correspondence, and it will also relieve the Editor from acting as a sort of clearing-house between the organizations and greatly lessen the number of letters that she must write every month.

**PROGRESS OF STATE REGISTRATION****MINNESOTA.**

The nurses of Minnesota organized a State association at a meeting held in St. Paul on October 10. There were one hundred nurses present and the interest showed that the nurses were thoroughly aroused.

The next session of the Legislature will not meet until 1907, before which time a strong organization can be built up and the nurses in the small as well as the larger cities will be ready to do their part in making the passage of a bill for the State registration of nurses a success. The report of the secretary is found in the Official Department of this issue of the JOURNAL.

**COLORADO.**

The Colorado State Trained Nurses' Association held a very delightful meeting for social and literary purposes at Boulder on October 12. That the Colorado nurses are progressive is shown in the titles of the papers in the official report given on another page, some of which will be published in this JOURNAL later on.

**NEW YORK.**

The New York State Nurses' semiannual meeting, held at Niagara Falls on October 17-18, contained some features of especial interest. The sessions were so arranged that the visiting members had ample time to see the Falls, and most delightful opportunities were provided for them to do this on the late afternoon of the first day in an automobile ride and on the second forenoon in a "special" trolley-ride through the Gorge. The Falls were never more magnificent and the beauty of the Gorge ride was greatly enhanced by the soft tints of the autumn foliage.

The visiting members were the guests of the nurses of Niagara Falls, who are not yet organized, and the members of the Erie County Alumnae of Buffalo, who made the meeting in Niagara an occasion to be remembered always with pleasure.

The State association was given the use of the assembly hall of the National Food Company for the meetings, where a reception was given on the first evening which gave the members an opportunity for better acquaintance. The presence at the reception of Mayor Cutler, of Niagara, added much to the pleasure of the evening.

It seems that the Mayor was once the victim of a serious accident which occurred in a neighboring city, and the kindness and skilful care which he received at the hands of the superintendent (a member of the State society) and nurses of the hospital in that city made such a deep

impression upon him that he seemed to feel that he owed a debt to the entire profession, which he took occasion to express when the nurses of the State gathered in his own city of Niagara.

The two papers given in the afternoon of the first day were listened to with great interest. The first one, by Miss B. Matilda Unger, was based upon experiences in nursing in other countries. The second, by Dr. Albert I. Lytle, of Buffalo, entitled "Materia Medica, Pharmacy, and Therapeutics," was most instructive and will be published in full later on in this JOURNAL. Dr. Lytle is one of the men who endorses State registration for nurses and who believes in educating the nurse to be an intelligent co-worker with the physician.

A partial report of the official proceedings will be found on another page. They will be given more fully in our next number.

Miss Dock's address on the progress of State registration in other countries could not fail to have impressed those who look upon registration in a narrow, personal way with the importance of the movement from an international standpoint. She gave a wealth of history in very concise form which we shall publish later on.

A carefully prepared paper was presented by Dr. George E. Blackman, of Dunkirk, on "The Place of the Small Hospital and Training-School in the Community." While nurses will all agree with Dr. Blackman upon the usefulness of and benefit to the community of the small hospital, they cannot agree with him that the small hospital can always give an adequate training to its pupils in all branches of nursing, although such training may be made most thorough so far as it goes.

Perhaps in the history of the New York State association no event has been of greater interest than that given by the presence of Dr. Henry L. Taylor, of the State Education Department at Albany, who is at the head of the division for the registration of schools and who has from the time of the passage of the nursing act brought his vast experience in the registration of the schools and colleges of the other professions to bear upon the registration of training-schools for nurses.

Dr. Taylor gave a résumé of the work of the Department and of the Nurse Board of Examiners since the law went into effect and answered many questions in regard to obscure points, but there was not as much criticism of the working of the law as it had been hoped would be brought out to serve as a guide in the work of administering the law in the immediate future. The few criticisms that were made were very petty and showed a great lack of intelligent comprehension of the subject. We were impressed with the fact that those nurses who are dissatisfied with the law have not taken the trouble to inform themselves about it.

### THE LAST PRACTICAL EXAMINATION

THE last practical examination to be held under the terms of the waiver will be in January, 1906, after which time the only nurses eligible for the full examination will be those who have entered a training-school and graduated since the passage of the act in April, 1903, and the graduates of hospitals of registered schools.

The terms of the waiver, which provides that graduates of registered schools shall be exempt from examination, expires in April, 1906, not in January, 1906, as has been erroneously stated, and we urge upon all nurses who are eligible for such exemption to get in their applications quickly. So many have been dilatory that there is already evidence that towards the end of the term the congestion will make the work of the examiners most overwhelmingly difficult.

What we have said to the nurses of New York applies equally to nurses in other States. Procrastination seems to be a habit with nurses all over the country in matters that directly concern their own welfare, and in the matter of taking the trouble to file their applications the nurses in all the States seem to be a good deal alike. We are inclined to think that the terms of the waiver have been made too easy; if a stiff examination were one of the requirements every nurse would be interested and in a terrible anxiety to get it over and get her R. N.

---

### A CORRECTION

"WITH respect to some recent comments that we published on the *Nursing Times*, a journal lately started in London, we are asked to state authoritatively that it is owned and controlled wholly by Messrs. Macmillan, and that it represents no party in nursing politics, but aims simply at providing nurses in Great Britain with a useful, interesting, and impartial journal, devoted to their interests.

We are of the opinion, however, that if there were need of such a magazine in England as the *Nursing Times* that the nurses who, it is claimed, are its supporters should have had enterprise enough to have started it for themselves. We do not consider that journals gotten out by even such reputable houses as the Macmillan Company can be classed as professional journals. They are established purely for commercial purposes, and if there is profit in such publications the nurses should be farighted enough to provide for such profit to come back to the nursing profession when the members are to be the contributors and subscribers.

We think it is much to be deplored that there is such a lack of unity among the nurses in Great Britain, but if it is not possible for them all to support the *British Journal*, then the dissenting party should at least have had the courage and ability to get out a magazine such as they wanted, and not have left it for a business house to do it for them. We have reprinted in this number a letter which appeared recently in the *British Journal* on this very subject of the two kinds of nursing magazines which expresses very much our own views. Nurses need to think about these matters.

---

### ETHER DAY

"ETHER DAY" at the Massachusetts General Hospital, Boston, was observed this year as a surgical clinic day for nurses. Operations were performed by Drs. H. H. A. Beach, Francis B. Harrington, and Maurice H. Richardson, and there was a large attendance of graduate and pupil nurses from the schools in and near Boston.

Tea was served in the Dome, where ether was first given on October 16, 1846.



**LIQUID AIR IN SURGERY AND SKIN DISEASES.**—The *Journal of the American Medical Association*, quoting from the *Australasian Medical Gazette*, says: "Liquid air, if applied to the skin lightly and cautiously repeated for a few minutes, Beckett says, will produce a refrigerating effect of any degree of intensity desired, with a resulting complete local anaesthesia under the influence of which small surgical operations can be done. If applied too freely and for too long a time, frost-bite effects are produced, even to causing ulceration of the skin. The application is not painful unless the parts are tender and sensitive. Beckett has made use of liquid air in cases of a superficial and more or less malignant nature that have existed and have been incurable for a length of time, such as lupus, rodent ulcer, and small epitheliomas. Compared with the *x*-rays, the effect of liquid air is instantaneous; it acts superficially and its use is very simple. All the apparatus required, besides the liquid air, is a suitable glass rod with a small piece of cotton-wool wound around the tip of it, the size and shape depending on the degree of intensity required to be attained. When the surface is raw or ulcerated, it is advisable to cut and to place over it a small piece of gauze; otherwise the cotton-wool will be quickly frozen to the surface."

## CEREBROSPINAL MENINGITIS

FROM A POPULAR ARTICLE BY PROFESSOR H. JAEGER, M.D.  
Strassburg

TRANSLATED BY L. L. DOCK

THE onset of cerebrospinal meningitis is quite sudden. The patient, who may have been feeling perfectly well, is suddenly seized with high and rapidly rising fever. Severe vomiting, which so often accompanies injury to the brain, also occurs, followed by marked symptoms of mental disturbance to complete loss of consciousness or violent delirium. If consciousness returns, the patient complains of excruciating pains in the head and nape of the neck. The latter region is very sensitive to the touch, and its muscles are rigidly contracted. The most characteristic symptom is at this point often exhibited, especially in children—the head is drawn completely backward and fixed in this position. This spasm may include the whole spinal column, so that the entire body is curved backward in a frightful half-circle (opisthotonos). This extreme form of spasm I have only seen in children—never, as yet, in the adult cases which have come under my observation. A later symptom, and one which makes a peculiarly distressing impression upon the friends of the patient, is the shrill cry described by the French as the "*cri hydrocéphalique*."

Disturbances of sight and speech, palsy, and involuntary urine and dejections complete the picture of the malady. From twenty-five to seventy-five per cent. of cases end in death. In many cases death has occurred as soon as three hours after the onset of the disease in patients who had appeared to be in perfect health.

Again, the patients appear to improve, the fever disappears, consciousness returns, but relapses occur, and the sufferers gradually become excessively emaciated, actually wasting to skin and bone, until, after weeks, or perhaps months, they succumb to exhaustion. The cases of recovery are liable to serious sequelae—viz., disturbed vision even to complete loss of sight, loss of the power of speech, impaired memory, imbecility, epilepsy, palsies, deafness. The latter especially is extremely common with children, yet, fortunately, of those cases who recover at all, the largest number recover completely.

The management of the disease is by no means so hopeless as is often believed. As we see that nature sometimes makes a complete cure in this disease, in contradistinction to some other forms of meningeal in-

flammation (for example, tubercular), we may believe that under intelligent care we may hope for some degree of success in handling it. In treatment lumbar puncture takes first place—that is, simply, an extraction of the spinal fluid, which, by the action of the poison, has been abnormally increased in amount, by a hollow needle inserted in the lumbar region. This removes the pressure which is the cause of the gravest symptoms. This procedure may have to be repeated a number of times in the course of the disease. Striking success has also attended the infusion of sterilized salt-solution under the skin. Several litres of this fluid can be eagerly taken up by the fluid-craving tissues, to be again given out in the form of urine and sweat, and thus an irrigation of the tissues takes place through which much of the bacterial poison is also diluted and carried out of the body. Hot baths have also been used with good effect, but no treatment must overlook the fact that complete quiet is the first necessity.

Cerebrospinal meningitis is preëminently a disease of youth. The greatest number of victims are those in childhood, youth, and early adolescence. From the thirtieth year on the death-rate diminishes to nil. Men are more liable to the disease than women. Especially susceptible are men in military service. Of sixty-two epidemics in France forty-three were exclusively confined to the soldiers. Next liable are all other closely congregated masses of humanity, as educational institutions, orphan asylums, prisons, houses of correction, etc., and precisely in proportion as these are crowded, badly aired, or dirty.

So, especially among the poor, we encounter this disease in thickly crowded, dark, and dirty living and working quarters of the laboring masses. Cerebrospinal meningitis is a filth-disease.

The infectious germ is a diplococcus, called, also, from its tendency to embed itself in pus cells, "diplococcus intracellularis." In general it is known as the "meningococcus." First isolated in six cases by Weichselbaum in 1887, it was definitely established by the writer as the positive cause of the disease in a later epidemic. Since then it has been demonstrated in every epidemic as well as in numerous endemic cases. The newest demonstrations are those made during the devastations of the disease in 1904 in Upper Silesia, where, since November, twelve hundred cases of illness with six hundred deaths have occurred, and in seven hundred and sixty of which cases the meningococcus has been found by Professor von Lingelsheim.

The cultivation of the coccus is difficult, as it does not develop well in artificial media.

In the autopsies the coccus is found in the inflamed areas of the pia mater of the brain and spinal cord, but by no means in large quan-

tities,—often, indeed, only after prolonged search,—quite the opposite of many other infections in which the affected organs show masses of bacteria, as, for instance, the plague. It is also found in the fluid withdrawn from the spinal cord by the needle, especially at the height of the disease. This demonstration of its presence is thus of the greatest importance for correct diagnosis and proper treatment of the disease.

The question now arises, "How does the germ penetrate to the wonderfully protected and guarded coverings of the brain and spinal cord, and how does it again escape to convey the infection to others?"

Both entrance and exit, as the writer has demonstrated, occur through the nose. Entering by the nose, and passing through the ethmoidal sinuses, the germ reaches the coverings of the cerebrum, where inflammation is excited by its presence and the action of its poison. Numbers, again, issue from the nose in the excretion of the nasal mucous membrane. These excretions are spread by blowing the nose and also by sneezing, as Professor Flügge, of Breslau, some years ago demonstrated that by the act of sneezing innumerable microscopic droplets are expelled, which may float for hours in the air and be inhaled by others. This makes the possibility of infection by this means indisputably clear.

In almost all cases of cerebrospinal meningitis the cocci are found in the nasal secretion. They may persist for some time after the disease, and, though no longer dangerous to the patient, may convey the infection to others. Further, as the writer has lately demonstrated, the germ is often found in the noses of those who have been in contact with the sick, but who themselves have resisted the infection, and it often persists in such cases for some time. Such persons feel absolutely well, but may sometimes complain of a slight "cold in the head," and may constitute a serious menace to their surroundings by disseminating the germs. The mouth, tonsils, and throat may also contain the germs and from these spaces also they may be easily conveyed to other persons.

For these reasons it is of the utmost importance, in dealing with cerebrospinal meningitis, to isolate the patient absolutely and keep his entire surroundings in quarantine; to make bacteriological tests in the case of attendants and healthy persons who may carry the disease, with isolation of these also when necessary, and to take the strictest precautions in the use and disinfection of handkerchiefs, towels, etc., with avoidance of any discharges reaching the ground, the floor, or the air.

As yet no antitoxin has been discovered, but the results of research have been so gratifying in other infections that it is reasonable to hope that such may be found in the future. Meantime the gospel of cleanliness, fresh, pure air, sunshine, and avoidance of overcrowding must be preached.

## **SOME REASONS WHY NURSES DO NOT ENLIST**

By SUSAN BARD JOHNSON

Graduate of Children's Hospital, Boston

THE nurses of the United States have been severely blamed for not enrolling in the Eligible Volunteer List. Fault-finding, even when justly deserved, rarely does good. Let us see if we cannot discover some of the reasons which influence the nurses' conduct in this matter.

In the first place, I think there are many who would gladly enlist but who are hindered by physical limitations. I do not mean diseased people, but those who are organically sound, yet have suffered from the stress and strain of work already done. They are able to do justice to private duty because it comes in instalments, with intervals of rest; but they fear they may prove unequal to an undertaking that may mean three years of consecutive duty. The rule, "A nurse requesting discharge before the expiration of the three years stipulated in her appointment will ordinarily be required to refund to the Government the amount of her transportation and necessary expenses incurred in obeying her first order," is obviously a just one, yet it requires no small consideration for a nurse dependent upon her profession. She will rightly be cautious in incurring obligations which she may not be able to meet. When we stop to consider the matter, we find it pathetic, rather than otherwise, that women whose heart's desire would lead them into the thick of the most strenuous work should be forced by life's irony to appear to seek the easier way.

In the second place comes a reason of custom. Men must go at the call of their country. That is common public sentiment, and parents are proud to have their sons belong to a regiment even in times of peace. On the other hand, we have not yet completely outgrown the idea that, if a daughter wishes to do something a little out of the common, she must do it in spite of the obstructive opposition and disapproval of her kinsfolk. She is most likely to win, instead of praise, the comment, "She had much better stay at home and do something for her family." In some cases this may be true; but, in the main, it is an ill-natured comment, founded on the old-fashioned idea that a woman's sphere is limited to the household. The mother who weeps over her son's absence, and at the same time glories in his heroism, would be likely to condemn her daughter as wanting in natural feeling should she attempt to follow in her brother's footsteps. Thus a woman desiring to serve in public life has not behind her the stimulus of unqualified public approval.

In the third place follows a group of small reasons, partly dependent on the habits of the individual. A man can start on short notice, without hardship, on a business or professional journey. He flings a few things into a trunk or bag and starts off, showered with the good wishes and blessings of his womanfolk, who remain behind and put in order what he has left at loose ends. On the other hand, a woman feels that before starting on a journey she must put her wardrobe in condition, set her house in order, and say good-by to her friends. It is true that a nurse lives in readiness to go at once to the sick, but the journey in this case is usually short, with the prospect of a speedy return. She has an undefined fear that if she enlists and is called upon to-morrow to go to New Orleans, or a year hence to meet some other emergency, she will not be ready, and will not have time to get ready.

Again, many good and competent nurses are totally ignorant of legal business, and the idea of writing a statement of their own health and swearing to it before a notary looms in their imagination like a tower in a fog. If they had ever had occasion to go before a notary, they would know that it means going to an office where there is a quiet, gentlemanly man, and that making a statement before him is not the bugbear they had supposed it to be, but a very simple act.

Again, a physician's certificate of health is required, not only at the time of enlisting, but also every six months thereafter. The nurse can see that this is necessary, but at the same time she thinks it a nuisance, and she wonders what would happen if she should be down with an attack of grippe or bronchitis at the time the certificate was required. A little enlightenment, together with a burning desire for service, would probably sweep away this group of reasons, but I think that at present they have an undoubted deterrent effect.

Last comes the more compelling reason—family claims. The sons must go at their country's call. That is beyond question. But they have been in the habit of leaving the widowed mother in the care of the daughter, or the delicate wife or fragile elder sister in the care of the more vigorous younger sister. Now the call is for the daughter—at least, those who are nurses—to go too. And who shall stay at home? It is true that a nurse doing private duty does not usually live at home, but she does live within easy reach of home, where she can go back and forth, now and again, to see that all is well with the loved ones; and not infrequently, in the height of her usefulness, she leaves her profession and returns to minister to a parent rendered helpless by disease or desolate by bereavement. It is one thing to be in a neighboring city whence she can easily be summoned, and quite another to be under orders in San Francisco or Manila.

How many nurses are ready to go when the issue is fairly presented we know from the fact that over twelve hundred were in service in the Spanish War. It takes great courage to promise to go at some unknown future date, when one cannot know but what there will then be urgent private reasons why one would feel called upon to remain at home.

I do not maintain that these reasons should keep nurses from enlisting, but I do submit that they are most probably among those which influence their conduct in this matter.

---

## HOW TO LIFT YOUR BUSINESS INTO A PROFESSION \*

By MRS. MAY WRIGHT SEWALL  
Indianapolis, Ind.

I AM here to talk with you upon the subject I understand you are chiefly interested in—namely, how to lift your business into a profession. It has already been done to such a degree that you who are organizing do not have pioneer work. The most I know about organizations of nurses I began to learn in 1891, when, being elected to the presidency of the National Council of Women of the United States, and at the same time being in correspondence with Mrs. Ethel Bedford Fenwick, president of the National Association of Nurses of Great Britain, I asked myself, "Why should Great Britain have a National Association of Nurses and the United States of America have none? We have an eighty-million population as against forty-five million or so in Great Britain. We pride ourselves on our poor health to even a greater degree than do the British, our ancestors and cousins. Therefore if they need so many nurses that in order to have them well in hand they must have a national organization, we who have a double, not to say a triple, need must have a national association of nurses."

I therefore wrote to Mrs. Fenwick—knowing she was in correspondence with American nurses and trying to get nurses all over the world into an international association—and asked her who our prominent nurses were. Whenever people are well they do not know the names of nurses and doctors. We all must hope, I am sure, that the careers of such women as Florence Nightingale and Clara Barton, whose pursuit of their profession is connected with so much that is historic, adventurous, and romantic, will not have to be duplicated under a higher order of civilization. I know you will join me in the hope that some thousands of years

\* Address before the convention of the Indiana State Nurses' Association.

from now, when the archives of our present civilization are unfolded before the eyes of people then living, there will be some difficulty in finding out what a nurse's business was, just as there will be great difficulty in finding out, in a really enlightened state of society, why a medical society met in these rooms in the days in which we are living. However, we are living in an age when doctors and nurses are necessary, when we have consumption and dyspepsia and yellow fever, when we have some diseases that creep upon us slowly and insidiously, and others that bear down upon us swiftly and with the ferocity of wild animals. So long as we are victims of these two kinds of diseases there must needs be, in a civilization that cultivates such offences, some ameliorating agencies, and the doctor and the nurse supply the amelioration for these conditions.

I suppose you and I both got our first impressions of a nurse from the same source—at least I have hardly ever encountered anyone whose first knowledge of a nurse, outside of the nursing she may have received in her home from her mother, her mother's maid of all work, or her mother's assistant in bringing up a large family, did not come from what Dickens has told us about Sairy Gamp, a creature who was valueless except as providing a good butt for the clever wit to hurl shafts of ridicule at.

It was in St. Bartholomew's Hospital that, in 1899, I had the pleasure of meeting the officers of the British Association of Nurses with their representatives from their four chief centres—their Irish branch, centred in Dublin; their Scotch branch, centred in Edinburgh; their Welsh branch, centred in I do not know what city in Wales (for the only place in that country I am familiar with is Hawarden, from which came the great Gladstone), and their London branch, of which Miss Stewart was and is the president. I am mentioning these names because I think they will encourage people living in the capital of a Western State of the New World, looking forward to an organization for work along the same lines, holding a convention here in this new, fresh room, the guests of the Marion County Medical Society, composed chiefly of men. The ladies of London, under the leadership of Mrs. Fenwick,—who is a very clever general,—had invited the presidents and secretaries of all the affiliated nursing societies in Great Britain, as well as the local associations that did not as yet belong to their national association, to meet at St. Bartholomew's. They had asked me to address them on the general subject of organization as a means of lifting the business—not too much respected, not too well paid—into a profession that should be both respected and well paid. You see, the subject was practically the same as that I am to speak to you about

to-day, but the conditions are so different that I feel like giving you first a picture of that day's scene. I do this because I think all those who live among the old love the new, and those who live among the new love the old. So you disfranchised citizens of a new State in the Western World, occupying this fresh new room belonging to a medical society, may be interested in hearing of that other association of nurses meeting in St. Bartholomew's Hospital in a room which, dating from 1310, is still called the new wing of the hospital! A new wing of a hospital dating from 1310 reminds us that people were sick and needed care six hundred years ago. When I entered the room I thought, "To what degree are the people who are brought in here to-day from the London streets sick and injured better cared for than the people who were brought in here sick and injured six hundred years ago?" We know who took care of the sick and suffering people who were brought to St. Bartholomew's Hospital six hundred years ago, because they were the only nurses who cared for people in hospitals in those days—the sisters of the Mother Church. I sometimes think that we Protestants—and it is possible that the majority of you who are present are such—do not think with sufficient appreciation and reverence of the women who, from the very beginning of the organization of the Church, sacrificed themselves for others to the degree of living an isolated life, believing that only through the isolated life could they accomplish either a life of holiness for themselves or a life of helpfulness for others. It is the task of the Protestant nurse now to prove that outside of isolation, instead of within it, can come a life as holy in itself and as serviceable to the community as there came out of the consecration and isolation of the Middle Ages. This idea, although somewhat foreign to anything we may have talked about, is perfectly harmonious with whatever is in our minds. From my point of view your profession depends upon these two ideas.

Coming to the question of personal holiness, what does it mean? Fundamentally, not the state of sacrifice which those holy sisters had in mind, and which I wish always to have in mind and wish you to have in mind; but we must go back to the meaning of holiness and spell it as it should always have been spelled, and then we shall find that it means "wholeness." We have not thought that, have we? We have probably thought a person stood a better chance of being holy with a few fractures and impairments in the organization, with a general debility of the constitution, but it is not true. From my point of view an organization is, in one respect, the reverse of a chain. A chain is no stronger than its weakest link. An organization is as strong as the strongest personality in it, and it is no stronger. The strongest per-

sonality will strike your keynote. You will not be expected to rise above the keynote; you will not want to, because should you so rise it would be only into discord. Organization means taking individuals, strong, weak, and intermediate, and harmonizing them by adjusting the minds of all of them to a common ideal, and then keying their minds to a common willingness to unite on the same means for the achievement of that ideal.

It seems to me that this is just as applicable to nurses as to any organization I have ever known. I shall speak of my own profession and of yours, because teachers have been longer organized than any other profession. We are still poorly organized, we women teachers of the United States. The women teachers of Germany are much better organized. Indeed, the women teachers of the United States are not organized at all except on the sex line. I do not approve of the organization of women on sex lines, excepting as a temporary means of gaining the social, business, or financial equality of the sexes. Up to this time I believe we need the organization of women as a prelude to the organization of men and women in the same profession without regard to sex.

The women of an organization of this kind should have for their ultimate purpose the obtaining of the same social, financial, and professional recognition given to men. To a very large degree you nurses are not in competition with men, because men seldom enter into the nurse's profession, only, generally speaking, to nurse individual men or certain cases among men. So you have this profession for your own; this field is yours. Often, you know, we say women have not had a chance to do this or that or the other thing; but there are certain fields in which they have had a chance, and yours is one of them. The women of the world have been the nurses of the world, notwithstanding they have not always been professionally educated for it. That part of the race into whose arms the race when born is placed for nurture and care becomes, by the law of nature,—the most fundamental of all laws,—members of the nursing profession. Now, if in that field where we have had no competition, because no one wanted to compete with us in taking care of the crying baby,—no man wishes to take care of a crying baby until it becomes a cooing, good-natured baby,—if in that undivided field we had had the high ideal of health and nothing else, just an ideal of wholeness as the foundation and kernel of holiness, we should have found through all these thousands of years some way of getting self-educated to a degree which would have prevented at least nine-tenths of the diseases of the world.

If I could have my way,—and I suppose all citizens of a republic,

and especially its disfranchised citizens, entertain themselves this way at times,—I should like to have the power of the Czar—no, not the Czar, for at the present moment he does not seem to be very powerful—but if I had the power which Kaiser Wilhelm thinks he ought to have, I should certainly use it to organize a Society of Preventive Nurses. I think every mother ought to recognize herself as a member of an organization, world-spread, committed to preventive nursing. If that idea could take possession of our mothers and our nurses, much might be done.

There is one other point I wish very much to make if I can take the time to do it. In what way is organization going to relate you to the rest of the world? Organization, to my mind, has always a triple purpose. First, it lifts the individual out of her isolation. Whether that be an isolation of egotism, of conceit, or of ignorance, it lifts the individual out of it and brings her into relation with her peers. I think there can be no nobler word applied to any person in the world than "peer." The House of Peers! What does peer mean? The House of Peers is a place where every man is obliged to recognize every other man as his equal, and therefore to give to him the courtesy he would demand for himself. Every organization lifts its members into a House of Peers, lifts them to an equality with those doing the same work and serving the same purpose. Now, the first step to lift a nurse into the peerage of her profession is to measure one's self candidly. In isolation you never know what your real qualities are. The man who could lift only a few pounds' weight, if never tested by the strength of any other man, might imagine himself a Samson. Anyone of us in isolation may get wrong and exaggerated notions of what we are and what we know. Just as soon as you are lifted into this peerage of your own rank, then you have achieved, not only this first object of bringing yourself out of isolation, but have also found yourself a member of a body that has new duties, no longer just the duties you had as an individual. Every organization must consider, not only what it owes to its members, but what it owes to that larger section of humanity which can never be its members.

One of the chief objects of organization is to get professional recognition, to command the respect from the public you think you deserve. As an isolated individual you are unable to do it. You cannot get a scale of wages or salary adjusted, because the people you serve will pay what they think they can, and you will take more or less according to your temperament and your need. However, when you come into your peerage you can establish laws which will govern your wages, and that will put you into a different attitude towards the public, and the public

will pay to each individual the respect it pays to the organization. That is why I said an organization is as strong as its strongest member. The strongest member strikes the keynote and you rise to it.

You also have duties to other organized bodies. It is some twenty years since I have spoken to any organized body of women and left out this final point—the duty to other organized bodies. Think how much you owe, for example, to the women who belong to the generation preceding my own. The women of my own generation have had very little chance to do much for you compared with the great work done for themselves and you by the women of the preceding generation. There is only one way in the world of paying any debt to our ancestors, and that is by paying it to our contemporaries and our successors. Organization is the means of lifting you, as I have indicated and as you feel, or you would not be here.

There is a danger, however, that besets an organization. It not infrequently happens that when the women of a profession have joined with their peers to form an organization to care for that profession, or craft, or cult, they feel they have achieved what they sought. However, they are now become as isolated as a profession as they were before as individuals. Now you are doing just as damaging a thing to society if you isolate yourself as an organization as you are if you isolate yourself as an individual. It is not quite so narrow; the island you will live in is a little larger, but it is an island still. Therefore I have an appeal to make to you, and in doing it I go back to St. Bartholomew's Hospital. It was not by accident I introduced *that* in the beginning; I introduced it because I think it ought to be a hitching-post for every organization of nurses that shall be established by any branch of the Anglo-Saxon race. Why? Because there the steps were taken, first, to nationalize what had been localized; second, to internationalize what had been nationalized.

Now, what are we and what is our place in human society? We are born into the family. Any baby isolated at birth ceases to be, so far as this plane of existence is concerned. It is only the baby who finds himself or is speedily found or made a member of an organization, a family, or a foundling hospital that exists, only that baby can live at all. As it grows up the family to which it belongs, or even the foundling hospital where the unhappy little creature may be, is related to other families in the community. I was delighted to hear your president say she feels a different regard for Indianapolis, as the capital city of Indiana, than for your various home cities. I think that is a feeling every citizen of the State should have. Every citizen of Indiana should feel that he is a possessor of the capital. I feel so towards the capital

of the United States. That implies a sense of relationship, and that is what I am pleading for.

You are now a State society. The next step is to affiliate with the national society of nurses of the United States. There are no finer women to be found in any profession than Mrs. Robb, Miss Palmer, Miss Dock, and Miss Nutting. I have the pleasure of personal acquaintance with these women. As soon as you are thoroughly organized affiliate yourself with the national organization. In that organization you will find yourself already affiliated with the national associations of other countries in an international bond. Then you will have achieved, as far as it can be achieved on this plane of life, redemption from isolation. As you are increasing your sense of relationship your consciousness is expanding to meet its requirements, and you are dignifying yourself and your own conception of life. When a woman has got to that point she does not need to worry at all about what degree of respect society is going to give her. Society pays us always the respect we earn. It may not pay it to-day,—and I think it often does not,—but are any of us living for to-day? Certainly a nurse is not. She is always living to remove to-day's condition. If there were not condition to be removed, she would not be living at all as a nurse. So she is always looking forward. That is a good attitude for all of us. But the important thing is getting recognition of any kind—financial, social, or professional.

Key your ideal to the right point. It is this multiplication and extension of relationships which will help you to key your ideal. No nurse could feel that she belonged to a common, vulgar trade—taking care of sick and disgusting and disagreeable people—who had before her mind such a woman as Miss Nutting or Miss Stewart, who is the head of St. Bartholomew's Hospital. Now, to have before our minds an ideal implies what? In our age of the world education, scientific education. It is not only your right, it is the duty of the nurse to possess this education. This implies also that a nurse shall also be sweet and gentle and charming. If there is anyone in the world who should be perfectly bewitching, it is a nurse. Life seems bad enough, you know, when one is sick. The invalid needs a charming environment—and the nurse's personality is the chief element in the environment of the patient.

Everything I can do with and for the people I have any influence over to bring them up so you will never have a glimpse of them I shall do; but if I must summon a nurse for some member of my large household, what is the first question I shall ask? I shall say to the doctor, "I want the sweetest, best-tempered, and prettiest woman on your list

who has common-sense." Common-sense we must have; with it give me the qualities named. These are all qualities you think desirable, so you cannot be vexed with me for wanting them. Every one of you would like to be the nurse I have described. There is no profession, it seems to me, that ought to take account of that subtle, indefinable quality which we call charm as the nurse's profession ought. You must take it into account. I don't think you could have a Committee on Charm, but I think each of you should be the chairman of such a committee of one within herself, the quality is so important and so antipodal to Sairy Gamp.

I realize that this talk has been somewhat rambling, but I hope you will feel there have been points in it, that you can keep these points in mind, and that none have pricked you. Finally, I know your final salary is to be paid over a counter where there can be no over-charges and no under-payments. It is to be paid over a counter where counterfeit coins never pass. You may know you will get it in pure gold from the very same mine and the very same mint from which the streets of the New Jerusalem are paved; and you will get only just that amount of it that comes back to you as the reflex of your own expression while you are practising your profession on the earth.

---

## HOLIDAYS IN THE SIERRAS

By JANE ELIZABETH HITCHCOCK  
Henry Street Settlement, New York

We felt that we had done our duty to the full. It had all been a very pleasant duty. First had come the meeting in Portland, Ore., of the National Conference of Charities, by which we were stirred and stimulated. Then we found ourselves in San Francisco at the annual meeting of the California State Nurses' Association. Here we were treated to an experience of Western hospitality that warmed our hearts and kept us hurrying from one cordial hostess to another. The meetings were enthusiastic and inspiring, ending with a banquet as happy in spirit as it was graceful in arrangement. Both of these meetings had filled us with the desire to go home and do better deeds and be better servants of the public. We felt the responsibility of carrying back to the East some of the spirit we had caught in the West—but now we were tired. As we began to contemplate the time-tables of the Southern Pacific and of the Rio Grande Railroad we realized that it meant going East, and at the end of the road lay New York and work. We did not feel

ready for it yet. The West was too big, too wonderful, to be left with such a casual glance, and the great things of nature kept calling to us to come and lose ourselves in them. Then it was that Miss Rogers said, "Come with me. I have an uncle living among the Sierras. We will find him and forget New York." Forget New York! For three weeks we lived in that land elysian and knew naught but mountains, sky, wind, and sun!

At Carson City, Nev., we left the railroad and for three days drove in queer, uncomfortable stages across a hundred and twenty-five miles of Nevada sagebrush back and up to Lundy, Cal., a little mining town nestled at the head of a cañon on the eastern slope of the high Sierras. The advantages of the place lay in its distance from the railroad, the sparsity of population (thirty-three souls including Chinese cooks), its boating and fishing, the saddle-horses galore, and our happy host.

Divided skirts and gaiters had been a forethought in San Francisco. When we had learned to spring unaided from the ground into the saddle and to ride off over the trails we felt that life had really begun for us. Presently the consciousness grew upon us that about fifty miles to the southwest, up over the high peaks of the Sierras, then dropping down into the cool of the shady timber, the trail led to the Valley of the Yosemite. The consciousness grew to a temptation, and the temptation to a determination. In this we were supported by our host, who, although declaring himself indifferent to such an effort, found our escorts and made our preparations for us. We watched with interest the selection of our horses, four saddle-horses and two pack animals. Our camping kit was of the simplest order. Two frying-pans, a coffee-pot, a mixing-pan, six tin plates, cups, knives, forks, and spoons completed the paraphernalia of the culinary department. For the night we had a large piece of canvas to screen off a dressing-room, another canvas for bedspread, blankets, comforters, pillows, warm woollen socks, and woollen wrappers.

There are advantages in a dry season. To Easterners who are accustomed to spend the warm months dodging thunderstorms, the calm preparation for days and nights out-of-doors without so much as a tint between us and the heavens was an astonishment. The joy of it can only be known to her who has tasted it. The sun drops down behind a great, calm cliff; the fire crackles, then burns low; a star blinks at you, and another; the trees stand big, dark, friendly, and by-and-by the moon comes up and touches everything with a silvery haze. One night a tumbling mountain stream sang at our feet, and another a quiet lake lapped, lapped through the night, and again stately pines stood over us while little, baby trees clustered at their feet and

grouped themselves into screens for our protection. And always about us was the odor of the woods, the strength of the granite cliffs, and the great, great stillness.

A trail seems to the uninitiated traveller to be rather an indefinite affair as it struggles about over the mountain side around boulders and through bushes. If you have walked through a huckleberry field and noticed the path the cows have made to the spring, or the short cut for foot passengers from one farmhouse door to another, you will have some idea of the trail. It affords endless variety, and one must be constantly on the alert to avoid errors. Our way from *Landy* to the Yosemite seemed to take in all kinds of trails. As we wound along single file we passed over a treeless ridge twelve thousand feet above the level of the sea. It was a stiff climb to the top, and a dimy head would have been more than an inconvenience. Patches of the eternal snow lay about us. The timber-line was far below, but dainty, starry flowers smuggled into the crevices of the rocks and bobbed their tiny faces to the wind. Miles and miles of mountain peaks stretched away on either side, while the trail continued for some time along the ridge. Then down it dipped into the timber shade until it brought us out upon Yosemite Point, with the green floor of the valley lying three thousand feet below us in the soft light of the waning afternoon. One charm of the trails is the solitude, the sense of remoteness. When following the trail a whole day one may easily pass without sight or sound of a human being. On the Tioga Road one day we met as many as six people and felt that it was quite crowded. The casual passer-by was usually one of the soldiers of the regular army who are stationed throughout the Park as its guards. Nice fellows they were, and always glad to stop and chat for a few moments.

I have been told that the most important item in such an excursion is the guide. If this be so, then our happiness from start to finish was a foregone conclusion. Finer fellows than the two who conducted us over the trail could not be found. One was a sort of second-hand cousin to Miss Rogers, and so appeased the scruples of Mrs. Grundy. Both called themselves *vaqueros* (cowboys), and their varied accomplishments would seem to bear out that claim. There was nothing for the success of such a trip that they could not accomplish. The stinks they broiled, the flapjacks they turned, and the potatoes they fried beggar description. They could ride like madcaps and out-buffaloe Buffalo Bill and his Wild West show. They taught us their whoop and they learned to recognize our squeal of imitation and to know that it meant we were on the trail.

An affair of this kind would lack some flavor were there no mishap.



LUNDY, CALIFORNIA



OUR PACK HORSES



SOME OF US

Once came one day when we became bold and strayed away from our guides. It flattered us much when one morning they allowed us to ride ahead while they broke up camp. "Keep straight on this Tioga Road for six miles then take the first trail to the left. We will overtake you before you reach the Yosemite," they said. Off we started, very proud of their trust in our sagacity. Our way was through timber of increasing beauty. New varieties of trees showed themselves. The sky was blue and the air fresh. Not a human being crossed our path, but cunning little chipmunks darted here and there and made merry over fallen tree-trunks. We jogged along contentedly, giving no thought to time, or, indeed, anything but our own happiness, until we suddenly realized that our road lost itself in a broken bridge over a dry stream-bed. We got down from our horses, uncinched the saddles, and stretched ourselves under the trees to await our companions. As time wore on and our boys did not appear we knew that something had gone wrong. Lost on the Sierras seemed interesting, but we began to feel that five hours was a long time to be away from our guides, so we got into the saddles and retraced our way. A few miles back a sort of straggling cowpath turned off to the left. A shade of uncertainty came over us as to whether this might not be the Yosemite Trail. If so, our party must already have passed down it. There were numerous hoofprints in the sand, but whether they had been made to-day or yesterday or the day before was a problem too deep for our city-bred brains. However, a brilliant idea came to us. We left a handkerchief conspicuously at the fork of the trail and pinned a note to it saying, "We have gone back on the road looking for you." We trusted that the "you" who should read it would be our guides looking for us and not a straggling prospector or a Piute Indian. We continued back on the Tioga Road towards the place of our camp of the night previous. After an hour or so we heard in the distance a welcome cowboy whoop. We gave an answering call, and soon, dashing down the road, came the cousin in good cowboy style, hot and, we fancied, a trifle anxious, although he would not confess it. We humbly turned our horses about and followed him down the cowpath, which he insisted "any ten-year-old boy would recognize as a good trail." We kept close to our guides after this and took no more independent trips.

Our objective point was, of course, the Yosemite Valley, but so fascinated were we by the trails, the mountains, and the solitude that we stopped only a day at the Sentinel Hotel in the valley, then betook ourselves back to the trail and its glad freedom. There, indeed, did we find the rest for which we had longed. We forgot that people could be ill, forgot that the cities thronged with weary mortals needing rest

and finding none, forgot even ourselves and knew only that the world is wondrous fair and that "nature never did betray the heart that truly loved her." Thus seven happy days passed away. Not a cloud, figurative or real, flecked our sky. We sang and told jokes and listened to cowboy experiences. Were it not that provisions were getting low and one of our horses lame we would gladly have covered many more miles and stuck to the trail seven days longer.

## WOMEN AS PHARMACISTS IN PUBLIC INSTITUTIONS \*

By SISTER MARY IGNATIUS

Mercy Hospital, Chicago, Ill.

WHEN asked to contribute a paper on "Women in Pharmacy in Institutions" I wrote to persons holding prominent positions in some of our best-known institutions, all of whom responded promptly, and the consensus of opinion not only favors but strongly advocates the employing of women as pharmacists in public institutions.

From Miss Nutting, superintendent of the Training-School for Nurses at the Johns Hopkins Hospital, Baltimore, I quote the following:

"It seems to me that women are admirably fitted for pharmacy work. They are accurate, as a rule, painstaking, and conscientious, and have a love of detail. As to intelligence there need be no question whatsoever. I can see no reason why women should not be successful in this kind of work."

Dr. H. B. Carriel, superintendent of the Illinois Central Hospital for the Insane, Jacksonville, Ill., says:

"In reply to your question concerning my opinion regarding women as pharmacists in the State institutions, I will say that I know of no reason why they should not fill such positions satisfactorily. If I mistake not, they have women pharmacists in many of the Eastern institutions."

In addition to the two foregoing valuable opinions I will add still another from a person who has had some years of experience in the Cook County Hospital—namely, Miss Rose, superintendent of the Illinois Training-School for Nurses. Miss Rose says:

"I do not hesitate to say that in my opinion I see no reason why a woman could not do just as good work as a man, and in many respects better. Women naturally pay more attention to details in any line than men do, and with the same preparation for the work I see no reason why

\* Written at the request of the Woman's Pharmaceutical Association of Illinois to be read at their convention at Portland, Ore.

she should not succeed as well in that as in nursing and in the practice of medicine. I believe that some of the abuses laid at the door of druggists would be done away with if women were more generally in charge. I should like very much to have the trial made here in the Cook County Hospital of a good woman in the drug department, and I am sure some features would be changed for the better; but, as you say, for political reasons obstacles are kept in woman's way for this particular profession in State and county institutions."

I might continue *ad infinitum*, but the foregoing will suffice to prove that the prevailing opinion is that women are thoroughly suited to compound and dispense medicine, especially in institutions.

From the earliest ages, as far back as we are able to trace by history, supplemented by tradition, we hear of women having a knowledge of and compounding medicines, chiefly herbs, the women of all parts of the Eastern Hemisphere, especially Europe and Asia. We read of the witches and hags compounding their secret decoctions, whether for good or evil intent; we read of their poisons, love potions, and health restorers.

We may well believe that our Mother Eve, who knew the names of the herbs from the first, knew also their especial properties and how to apply them to the needs of her family, and that she handed on her knowledge to her children's children.

The Egyptians possessed wonderful knowledge in the science of medicine, but it was kept in one family or caste—chiefly, if not solely, among the priests. In Persia the knowledge of herbs and their medicinal properties was regarded with reverence almost to the degree of superstition. Thus, through the ages down to the present day, women have gathered the vegetable products of their own country and clime and applied them to kill or cure, as the case might require.

Women in pharmacy now is looked upon as something comparatively new. This is only true inasmuch as the practice of pharmacy differs now from the practice of pharmacy in past ages.

Since the earliest days of Christianity the care of the sick has been a sacred duty. This lesson was taught by the word and example of Christ Himself; according as Christianity spread and Paganism diminished, in proportion the care of the weak, the lame, and the afflicted of all classes becomes the special care of the followers of Christ.

In pagan days the weakling, the incurable, the aged—in fact, all who became a care or burden to others—were legally disposed of as uselessly encumbering the earth. But as the lessons of the Meek Teacher of Galilee took root in the hearts of men, the whole face of the earth was changed. Monasteries and convents sprung up like oases in the

desert. They were soon peopled with earnest, zealous followers of the Law of Love. In those days the monastery was church, school, and inn; the weary traveller found a resting place, the sick, the aged, the orphan, all who needed care or sympathy, spiritual or corporeal, found a refuge within the hospitable walls.

Such establishments were our first hospitals. As years rolled by these institutions changed, keeping step with the progress of the times, but they always had members trained to prepare decoctions of herbs and dispense them to the needy. It would make this paper too lengthy to dwell on the changes time wrought during all these centuries. However, one feature remains unchanged—namely, the woman in pharmacy, who is generally found in all hospitals under the care of the sisterhoods.

The sister in charge of the pharmacy at Mercy Hospital, Chicago, Ill., is a registered pharmacist, being the first woman in Illinois who took the State Board examination. As this paper is in the interests of the Woman's Pharmaceutical Association, it may not be amiss to state that the day she took the examination, fifty-seven men also took the same examination. Four men and the sister passed successfully; fifty-three men failed. This result only proves the necessity of the law which compels State Board examination. This examination was held in Springfield, Ill., December 2, 1882. In the Mercy Hospital, Chicago, the sisters have had full charge of the drug department since 1876. Previous to that date the internes prepared the prescriptions, each man preparing the medicine for his own patients. Those young men at that time had a service of only six months; it is needless to say their knowledge of pharmacy was quite limited. The attending hospital staff frequently had reason to fear that the prescription work was not so accurate as it should be; therefore they requested that a sister be placed in the pharmacy who would be there permanently. The superior hesitated for a time, as she could not well spare a sister for that work. An event occurred which brought the need directly home. A sister died from the effects of a dose of medicine prepared and administered by an interne. Since then the sisters purchase and dispense all drugs and antiseptics. When the change was made it was noticed that the drug bills were reduced one hundred per cent., proving that a woman is more neat and careful in her work, and not so wasteful or destructive in handling materials and utensils.

Several large hospitals in the Eastern States found last year, on balancing accounts, an enormous deficit, amounting in the aggregate to hundreds of thousands of dollars. On investigating, the leakage was traced to extravagance in the surgical and medical supplies.

The question of economy, then, is another argument in favor of

employing women in public institutions as pharmacists, thus reducing expenses and saving the taxpayer, who supports all public institutions.

The Women's Pharmaceutical Association would suggest giving a woman qualified for this work the power to purchase and dispense all surgical and medical supplies and compare results. Moreover, it is generally conceded that where an educated, cultured woman presides peace and good order are generally to be found.



CLARA BARTON.—Dr. Roswell Park in an address to the graduating class of the Buffalo General Hospital spoke very beautifully of Miss Clara Barton as follows:

"Trained nursing in the United States is in a large measure the outgrowth of the horrible exigencies of our Civil War, though the first school was not established in Bellevue Hospital till 1873. The American woman whose name is best known to-day in this connection is Miss Clara Barton. Miss Barton ministered to our soldiers from the very outbreak of the war, first in hospitals near Washington, later in field hospitals during some of the most notable battles of the war, such as Antietam, Cedar Mountain, Manassas, and Fredericksburg, where she was superintendent of the Ninth Corps Hospital. During the eight months' siege of Charleston she was the ministering angel of the troops that destroyed Forts Gregg, Wagner, and Sumter. She was again superintendent of the hospitals of the Army of the James in the field. After the war she established at her own cost a Bureau of Records of Missing Men, and rendered services in this connection which only those can appreciate who have needed them. In 1870 she assisted the Duchess of Mecklenburg-Schwerin and some other German Princesses in organizing their hospitals. She entered Strasburg with the German troops when it surrendered, and at her own expense established industrial rooms and gave employment to three hundred wives, widows, and daughters of the French soldiers in making up garments for distribution among the poor. She forwarded several thousand garments thus made to Paris, and entered that city while the fires lit by the Communists were still burning, and remained there several weeks distributing her own charities and those of several American friends. Subsequently she visited towns along the Rhenish frontier and did what she could to help atone for the ravages of war. But if one attempts to do justice to all the noble women who have gone into this work he must devote his whole life to the task, and perhaps fail even then."

## BOOK REVIEWS

BY CHARGES OF

M. E. CAMERON



**HOW TO BECOME A NURSE.** The Nursing Profession. How and Where to Train. Being a Guide to Training for the Profession of a Nurse, and Particulars of Nurse Training-Schools in the United Kingdom and Abroad, and an Outline of the Principal Laws Affecting Nurses, etc. Edited by Sir Henry Burdett, K.C.B. London: Scientific Press, Ltd.

This book, with its portentously long title, has just appeared in its seventh edition. The editor in his opening pages, which he styles "introductory and practical," claims that it is the only publication from which full and up-to-date particulars can be obtained concerning the nurse training-schools in the whole of the English-speaking countries of the world. This is reassuring, for one could scarcely bear the knowledge of another such collection. It is an instance once more repeated of the need of nurses doing for themselves, and not waiting to be done for by middlemen, non-professionals, or members of some other profession. Sir Henry Burdett has been identified for a lifetime with hospitals, nurse training-schools, and nurses. He of all men in the world, it would seem, must be able to represent nurses. But it can't be done by a man who is not a nurse. The book is intended in all good faith to be a safe and reliable guide to all, or, as the editor puts it, "every woman who is attracted to nursing and desires to become a fully trained nurse." Yet there is nothing to show, except to those of shrewd experience, the difference between a training-school where one receives a liberal education, is comfortably housed and in respectable company, from one which is maintained for the sole purpose of getting the nursing done at the very lowest figure possible, there being neither time nor opportunity for class work, and where one's fellow-nurses are liable to come from a class which has made a failure of domestic service. The idea of the book is to be commended. There is need of such a book, but it must be written by a leader in the profession. It is out of the question that any superintendent of a representative training-school could find time for a task so stupendous, but without the co-operation of the various superintendents of schools and that of the associations the book might as well remain unwritten.

**AN ELEMENTARY TREATISE ON LIGHT TREATMENT FOR NURSES.** By James Segueira, M.D. (Lond.), M.R.C.P. (Lond.), F.R.C.S. (Eng.), physician in charge of skin department and lecturer on dermatology at the London Hospital. London: Scientific Press, Ltd.

Although the manipulation of apparatus for light treatment does not formally appear in the curriculum of any American training-school for nurses, so far as is known to the present writer, the subject is taught in some instances to individual nurses, and is one which cannot fail to interest all nurses. Mr. Segueira's little book is just the happy medium between severely scientific and quite practical that makes its reading pleasant and profitable.

**UNCOOKED FOODS AND HOW TO USE THEM: A Treatise on How to Get the Highest Form of Animal Energy from Food.** By Mr. and Mrs. Eugene Christian. New York: New York Health-Culture Co., 151 West Twenty-third Street.

At the risk of being considered hide-bound and conventional, and far behind the world's progress, we confess to being utterly unconvinced by the arguments brought forward in Mr. and Mrs. Christian's book on "Uncooked Foods." The very quotation on the title-page seemed paralyzing, "As the building material is, so the structure must be."

The scorn of the profane small boy finds expression in the term "half-baked," and to go the length one is invited to by this undaunted pair of reformers—to quite unbaked—is beyond me. Most skilfully one is tempted by the picture of all one's meals every day without cooking or dish-washing. Again, to the young how alluring the thought of being pressed to take a second helping of raw carrot—that always forbidden delight. Though fire is not allowed, yet freezing is countenanced and even recommended. One longs yet fears to know what a dinner of cool raw roots and ice-cream might have to say to each other when met together inside of *Barrie's Little Mary*.

**HINTS TO NURSES ON TROPICAL FEVERS.** By S. F. Pollard, sister Army Nursing Service Reserve, late sister at Guy's Hospital. London: The Scientific Press, Ltd.

The writer with charming naïveté declares herself on the first page as writing up tropical fevers that the subject may become a means to an end. The opening chapter, which comprises between one-fourth and one-third of the book, is entitled "Hints on Going Abroad." I cannot forbear quoting the first two sentences: "The love of travel is deeply implanted in most of us, especially in these days of cheap tickets, tours,

and trips, when all one's friends have at least been on the Continent. Many a nurse at the end of her three-years' training, wearied of the routine of the daily hospital ward work, thinks she would like to go abroad." This candid, and supposedly careworn, one then proceeds to look afield and discover where she can find, well removed from her present surroundings, the opportunity for combining duty with pleasure and getting as far away from the scenes of her late labors in training as possible, and in due time selects, or is selected to, a post in the tropics in the Colonial Nursing Association for Nursing in the Crown Colonies. The reader is plunged into all the delightful bustle of choosing an outfit, etc., and is brought up with a round turn, so to speak, by being confronted with the dismal word "malaria" at the head of Chapter II., giving one very much the feeling of being wakened suddenly in the middle of a delightful dream. The remainder of the book keeps strictly to the business implied in its title and is well worth the reading.

Our English sister gives us a hint which is worth investigating, and perhaps suggests a remedy to an evil proclaimed this year before a national gathering of nurses. If I remember rightly, it was stated that an appeal having been sent out by the Surgeon-General of the United States Army to the various schools and alumnae associations throughout the country for names of nurses ready to serve their country in time of war or other national emergencies, there was practically no response, twelve applications only at that time having been sent in. The imputed hint of want of patriotic feeling in nurses cast a cloud over an otherwise delightful meeting, and there was a general feeling that another side of the question might be heard if time and occasion for controversy were available. Let the Surgeon-General send out a circular advising of countries, territories, and conditions, and let the opening chapter warn the intending pioneer nurse to forget neither her habit nor side-saddle; to have at least three evening dresses, and "lots of fresh ribbons;" to keep her kodak strapped to her side; to bring her botany case in her hand, and assure her that there will be room for her horse or her dog wherever she may be stationed, and there is little fear but the American nurse, like this dear English sister, will look forward to the opportunities of army and colonial nursing as a delightful respite after the treadmill of the hospital wards.



## NOTES FROM THE MEDICAL PRESS

IN CHARGE OF  
ELIZABETH ROBINSON SCOVIL



**MATERNAL DIET AND FETAL DEVELOPMENT.**—The *Journal of the American Medical Association*, quoting from the *Lancet Clinic*, Cincinnati, says: "Gillespie discusses the possibility of influencing the bony growth of the fetus by regulating the diet of the mother. He believes that this is not only impossible but dangerous, inasmuch as the demands of the fetus must be met by the mother even to the extreme of decalcifying her own osseous system. Furthermore, even if it were possible to bring about such a result, it would probably increase the difficulties of labor rather than diminish them, because the lack of any bony development may prove a serious obstacle to labor. Under normal conditions the spinal column of the fetus possesses sufficient rigidity to act as a good transmitter of force. Its rigidity is greatly increased by the splint-like action of the arms and legs, folded as they are on the anterior surface of the child. If we could by diet lessen the rigidity of the fetal skeleton, it would in like proportion lessen its ability to transmit force, and the result is a difficult labor."

---

**TOOTHACHE.**—H. B. Ray, writing in the *Southern Clinic*, gives the following advice on the treatment of toothache: "Toothache is essentially an inflammatory condition, and in ninety-nine per cent. of the cases there is a cavity in the tooth. In those cases where there is a cavity, but no nerve exposure, the treatment is simple—apply a sedative and exclude the secretions of the mouth from the cavity; prompt relief will follow; and then advise the patient to visit a competent dentist. A very effective agent, and one always at hand, is the oil of cloves. It should be applied by saturating a pledget of cotton with the remedy and introducing it into the cavity with a toothpick or other pointed instrument; that being done, the secretions are kept out by filling the cavity with a little beeswax, a household remedy always at hand. The wax can be applied by warming over a lamp on the point of a knife and forcing into the cavity. The wax filling serves not only the purpose of keeping the secretions of the mouth out, but prevents thermal changes from affecting the nerve when hot and cold things are taken into the mouth."

**TEMPERATURES DURING THE PUERPERIUM.**—The *Medical Record* in a synopsis of a paper in the *British Medical Journal* says: "John W. Duncan found a subnormal temperature daily in the axilla in sixty consecutive cases during the puerperium. Eight cases showed a temperature of one hundred degrees or over. These cases were under strict antiseptic precautions. The highest temperature, of one hundred and three degrees, was due to tense breasts, complicated with tinea of the breasts. The daily average mouth temperature was 99.3 degrees on the third day, on the fourth 99.5 degrees. Temperature above normal is due to faulty cleanliness, external skin infection, infection before labor, as in vaginitis, and small tears early in labor. Instrumental delivery does not cause rise of temperature as a rule. The author believes that infections come more often from the skin, cervical or vaginal mucous membranes, or pudendal surfaces of the patient than from the doctor and nurse."

---

**PARATYPHOID FEVER.**—The *New York Medical Journal* in a synopsis of a paper in the *Medical News* says: "Coleman insists that even the agglutination tests do not always enable us to distinguish cases of typhoid due to the typhoid bacillus from cases of continued fever due to other members of the typhoid colon group. From the bacteriological point of view distinctions should be made, but it must be remembered that bacteriological entities are not necessarily clinical ones. In conclusion: 1. Paratyphoid infections cannot be distinguished from typhoid fever except by the recovery from the blood of the bacillus concerned and its proper identification. 2. The present state of our knowledge makes it advisable to consider typhoid fever clinically as a disease which may be caused by several members of the typhoid colon group of bacilli. 3. The term 'paratyphoid fever' is not only unnecessary, but misleading."

---

**PROLONGED LAVAGE A PREVENTIVE OF BILIOUS-VOMITING AFTER OPERATION.**—George S. Brown, in *Surgery, Gynecology, and Obstetrics*, assumes that it is the presence of other in the system that causes the vomiting after operation by its direct effect on the vomiting centre in the brain or its irritant effect on the stomach. He considers the appropriate treatment of the condition to be the washing of the other out of the blood as rapidly as possible. Much of the other is eliminated by the stomach, and if lavage is begun before the patient becomes conscious, and is continued for some time, the other is rapidly eliminated and the vomiting avoided. When the other is all out of the blood, vomiting ceases; but this may require three or four days. The patient should be kept well under ether, so that the tube can be introduced without coming

retching. The lavage is continued until two and a half gallons of water have been introduced and removed. The last washwater will not smell of ether, the sleep will pass off in an hour or two, and at the end of twelve hours the breath will not smell of it. During the last three years this method has prevented ether vomiting absolutely in the author's cases.

---

**LIME-WATER IN THE TREATMENT OF WARTS.**—The *Medical Record*, quoting from the *British Medical Journal*, says: "J. Burdon Cooper accidentally learned that lime-water taken internally is almost a specific for warts. When taking lime-water for some digestive disturbance he found that a wart that had been troublesome disappeared from his finger. He tried this remedy in other cases of warts, and found that the warts disappeared. He recommends the taking of a wine-glass of lime-water after the midday meal with a little milk. The wart disappears after from four days to three weeks."

---

**SEA-WATER AS AN ANÆSTHETIC.**—Dr. J. G. Taylor in *American Medicine* recommends the subcutaneous injection of sea-water to relieve pain, saying that it does so more quickly than morphine. Injected at the root of a tooth it is more effectual than cocaine. Warm injections of sea-water per rectum while the patient lies on his side is a most effective remedy in cirrhosis of the liver, jaundice, and other hepatic diseases. Also to give relief in asthma and cough that has become chronic.

---

**NATURE AND CAUSE OF HUNGER, APPETITE, AND ANOREXIA.**—Mark I. Knapp in *American Medicine* says hunger is the sensation produced by the contraction of the muscularis of the pylorus, of the entire stomach, of the duodenum, or of all these structures. It is the contraction of the muscularis, most especially the contraction of the pylorus, which, when felt in not too intense a degree, is interpreted as hunger. If the contraction is more intense, it is felt as a painful hunger. If the contraction is of a slight degree, then the sensation of the hunger is also of a slight degree, it is evanescent. This is the reason the hunger passes away after a certain lapse of time, even if no food has been taken; it means simply that the contraction has given way to relaxation. A "hearty" appetite should not be encouraged. Such an appetite must be considered as pathological and must be suppressed by the physician, as it is caused by a stronger contraction, hence greater irritation of the mucosa, which should not be. Absence of contraction, the inability to contract, relaxation, distention—these being the opposite, the reverse of contraction—result in the opposite of appetite, anorexia.

## FOREIGN DEPARTMENT

IN CHARGE OF  
LAVINIA L. DOCK

\*\*\*

### THE PROGRESS OF GERMAN NURSES

(Continued from page 80)

THE work of Sister Agnes Karll and her associates has been to gather into a self-governing organization all of the scattered individuals working independently, and the keen mind of Sister Agnes foresees that the near future is going to bring great changes, as a number of large and magnificent city hospitals are being built which are preparing to establish their own training-schools, and these will undoubtedly be on more modern lines than anything heretofore. The second annual report of the German Nurses' Organization, which now numbers about six hundred members, states the two leading motives of the organization to be, first, to gather into an effective whole all of the self-supporting nurses of the country; second, to encourage women of the best type to enter the nursing profession.

It has been a herculean piece of work to found this society of nurses. It was so absolutely new for nurses to be organized outside of the training-school associations. A society in Germany has numerous details to carry before public authorities, such as the Police Department, the Departments of Education and of Internal Affairs, before it can be allowed to form and carry on its affairs. Our American secretaries and other officers, hard-worked though they may often be, have no conception of the exhaustive statistics and reports which the German nurses have to make to public bureaus, or the immense amount of detail which they have to attend to—for instance, the State insurance, which I will tell of later.

For ten years Sister Agnes Karll had been unconsciously preparing for her organizing work. She was trained in one of the best Red Cross hospitals, and ten years of private duty gave her opportunity to observe conditions. There is probably no one in Germany better informed on the whole nursing question, and the necessity of union among the scattered "free" nurses bore urgently upon her. Yet so great were the difficulties in the way that it might not yet have been possible had she not found in a prominent and very influential member of Parliament,

Herr Rittmeister Praetorius, and in Frau Professor Krukenberg, of the German National Council of Women, the two friends and advisers with whose help she succeeded. Frau Krukenberg, who presided over the Nursing Section in Berlin last summer, takes the position that the day is past when nursing should be regarded as a monopoly of religious or closely restricted orders, and that it should be regarded as a profession like any other, into which women may honorably enter with the purpose of earning their living. She encouraged the idea of a self-governing body, and Herr Praetorius, an elderly man and a perfect type of the old-school courteous and considerate gentleman, although conservative, understood this movement of modern self-supporting women to struggle into better conditions as few others have. For this we must to a great extent, doubtless, feel grateful to his wife, who is also a most sympathetic and intelligent friend of all educational movements. The great influence of Herr Praetorius in public life gave the young society a secure official footing and secured it a hearing in the departments of government.

The death of Herr Praetorius a year ago, and the continued interest of his wife in the organization, have been mentioned before this.

The following extracts from the second annual report should, I think, interest all nurses, and I hope they may especially appeal to our German-American members, many of whom might know of ways in which to help the work of the society:

"That the general public now recognizes the importance and significance of the two leading motives of our organization—namely, to gather into an effective association all of the self-supporting nurses of our country, and to encourage women of the best type to enter the nursing profession—was fully proved by the special attention given to the nursing question by the International Congress of Women during its session in Berlin from June 13 to 18. The entire day of the 16th was devoted to this subject in the large hall of the Philharmonie, under the leadership of Frau Professor Krukenberg, and reports of extreme interest were read from England, America, France, Sweden, and Italy, whilst Germany was officially represented by the president of the German Nurses' Organization with a paper on 'The Future Training of the German Nurses.'

"Various representatives of German nursing shared in the discussion, but the matrons of our largest hospitals declined any participation whatever in the efforts of the women's movement.

"Also in the meeting of the International Council of Nurses, held on May 17 in the Victoria Lyceum, Germany was represented solely by the organization, whose president had the pleasure of announcing to the English and American delegates that it was ready to enter into the International Council as a national body.

"The friendly interest which was taken in our development in England and America before we were even conscious of it has been shown in various ways. The Matrons' Council of Great Britain and Ireland conferred honorary membership upon the president of the organization and bestowed upon her its badge.

The Board of Directors of *THE AMERICAN JOURNAL OF NURSING* has presented the organization with its valuable bound volumes to date as a gift for our library.

"In its internal affairs the work of the organization has increased enormously, and the officers, in addition to the routine business, have held twenty-seven meetings in which to decide upon two hundred and fifty-four applications, fifteen of which were refused. It has only been necessary twice to call the Advisory Council upon questions of the exclusion of three members. In order to deal more efficiently with the increasing details and to insure a quorum, the number of officers has been increased to seven.

"The official badge of the organization has been adopted from a design of the director of the Frankfurt Academy of Art, made after one used hundreds of years ago by a nursing order, and now adapted to and legally protected for our members.

"With the constant increase in our secretarial and directory work, the narrow quarters of our old office hampered our work greatly. With the occupation of our new rooms at 32, Münchener Str., W., 33, we not only have ample accommodation for all our present work, but also the privilege of adding to our quarters in the future, while the possession of a fine, large room for gatherings, social purposes, reading, and sitting-room will enable our members to come together as they could not heretofore do. We hope also to be able occasionally to put up transient guests for the night if our members in travelling will be satisfied with simple accommodations. We bespeak the interest of our members for the complete furnishing of our club-room, and most especially for our library, both of which will mean so much in the development of the private life and interests of our members, which at first, in the press of outer circumstances, have had to be left in the background.

"Part of the secretarial work of the organization is the compiling of an enormous mass of statistics, rendered necessary by the requirements of the Berlin Department of Statistics and by our other public relations. Not all of the sisters have understood the importance and necessity of filling in the details, and also the forms supplied every two years by the public department by no means now cover all of the new lines of work developing for nurses or created by our members. It is hoped that next year improved blank forms will facilitate this important but burdensome labor.

"Three thousand four hundred and forty-five letters and cards have been received in the office, and three thousand six hundred written and sent from same, one thousand three hundred and fifteen of which were personally written by the president; three thousand and one pieces of printed matter have been sent out by the secretary and bureau sister. Besides this, with the ceaseless telephone calls, each sister in the office has a regular office hour, so only thus can the demands of the day be met, and the necessary order and system with regard to the health of the sister in charge be preserved.

"When we consider the work of the past year we must rejoice at what has been accomplished, while we yet feel keenly how much yet remains for which time and strength are inadequate.

"A large city hospital, the new Charité, has opened its doors under most favorable auspices to our sisters and pupils recommended by our officers. We are also offered opportunity for post-graduate courses.

"Our first two pupils have taken their examination in Frankfurt. Yet when one sees the increasing need of nurses, and realizes that within a year now

hospitals with at least three thousand five hundred bed capacity will be opened, one must say anxiously, 'Where shall the needed number of educated women come from?'

"And we long to so upbuild the conditions of nursing work that we could with clear conscience say to hundreds of young women, 'Come and learn our calling, the most glorious, the most blessed, that women can find.'

"The Women's Councils of many towns and cities offer opportunity for addresses and talks for propaganda. Yet it is too seldom realized that the present deficiency of nurses is the result of the inadequate system of management of our nurse-training corporations and hospitals. Then, too, one's courage sinks the more when one thinks of the sisters who have grown old or ill, or have fallen into necessity, and who look to us to help them.

"The Emergency Fund and the Convalescent Homes plans have not been neglected, but have been quietly considerably advanced, only that the need comes faster than the help. The Committee on the Emergency Fund has been formed, and an appeal will shortly be issued. Then each of us must help it to reach warm hearts and willing hands. We have also opportunities offered us, in cooperation with other self-supporting women, to obtain building lots in Dresden, and a most beautiful site in the woods in Vogelsberg. But to bring these possibilities to reality calls for so much time, strength, and energy, and one meets actually so much indifference and apathy, that one's force would fail if it were not that in the human soul hope and belief in divine ideals are insurmountable and conquer human weakness.

"We must believe that the next year will see our hopes and plans greatly advanced, and we must remind our members that an independent and self-governing association such as ours brings with it not only rights, but also duties and responsibilities. Each one must do her best to increase our membership. Our treasury, so far as our necessary expenses go, is in a most healthy condition, with a small surplus. But our office expenses will increase rather than diminish, and, while our membership dues will suffice to cover them, we need to add in every way possible to our fund for the aged or afflicted sisters.

"AGNES KARLL, President."

L. L. DOCK.

(To be continued.)



## LETTERS TO THE EDITOR

\*\*\*

[The Editor is not responsible for opinions expressed in this Department.]

DEAR EDITOR: It seems difficult to make nurses of the country understand that the Red Cross Society and the Army Nurse Corps are entirely separate and distinct organizations. Since the reorganization of the Red Cross there is here in Washington an organization which is known as the National Red Cross Society. It is the intention that there should be branch organizations in every State. These branch organizations inquire into the credentials of nurses applying for enrolment and keep a list of such as are found desirable. In time of war or national calamity these branch associations hand their lists to the parent organization, which in turn passes them on to the medical department of the army. This department then reserves the right to select from these lists and undertakes all future management of the nursing body thus created.

This communication is made in the hope that the great number of nurses applying to the Surgeon-General for Red Cross work may understand just the relation of the association to the medical department of the army.

DITA H. KINNEY,  
Superintendent Army Nurse Corps.

DEAR EDITOR: A great deal has been written on the need of trained nurses in the towns and smaller cities, and the nurses have been more or less criticised for their habit or custom of sticking to the larger cities and in the vicinity of the hospitals from which they graduate. In almost every medical journal some such style of article appears, and yet I believe that doctors and a large number of nurses also do not look at it from the point of view that would help them to understand the cause.

I am a graduate of one of the Eastern hospitals. I decided to start out on my career as private nurse in the West, where the need seemed greater than in my own city. I had letters to several of the best medical men, also some surgeons, and after I arrived selected my room, which, of course, had to be in the best part of town, also in a central location and in a boarding-place where both telephone systems had

phenon. This of course made my living expenses high. As soon as I was located I called on the doctors. They professed themselves delighted, took my card, and in less than twenty-four hours after my arrival I had my first case.

This case lasted a week. The mother was ill and there was no servant, so the nurse must fill in the gap. The compensation was good, the people well off, but it was impossible to get help.

Leaving that case, so tired that rest was imperative, I came home to my room, a pleasant, cheerful room, but for the five or six days that I rested I spoke to absolutely no one but the waitress who served me at meals, the street-car conductors, and one or two shop girls.

Think what this complete isolation means to a nurse who has just come from a school where she had from twenty to twenty-five classmates, besides all the other pupil nurses, and I think you will have the solution of the reason why nurses keep to their own hospital towns.

A nurse meets people professionally only, and while occasionally she makes friends, it is usually a business transaction, and when her patient recovers the nurse is forgotten.

Even suppose two friends start together, those who have done private work realize how seldom they would be "in" together.

AN EASTERN GRADUATE OF 1904.

---

DEAR EDITOR: Having read your article regarding the eligible list of volunteer nurses in the September number of the JOURNAL, I venture to give the opinion of one nurse on the subject.

Our profession is spoken of as being unpatriotic and lacking in interest concerning our national affairs, owing to our tardiness in responding to the appeal made for suitable nurses to form this eligible list.

While agreeing with the Editor that now, in time of peace, is the proper time to acquire this very essential adjunct to our national equipment, still, I think it is rather early in the day to accuse the trained nurse in general of being unpatriotic because she has failed to respond in suitable numbers.

Rather go slowly in such a matter, and acquire the nurses who possess the necessary mental, moral, and womanly, as well as professional, qualities for this work than have an overflow of applications of unsuitable women. Those who might perhaps be first to respond would be least suitable for the work.

Many nurses who as private nurses or doing hospital work have an excellent record would in time of war or national calamity be found sadly lacking in some of the very necessary qualifications. Therefore

the nurse who would conscientiously and honestly wish to enroll her name on this list must take time to give the matter serious thought.

This may seem an easy matter to do, but when we consider, as a rule, what a busy life the average trained nurse leads, and how constantly her brain as well as her hands are at work, we will quickly see that it may take a little time to give the subject the necessary thought. Then there are, too, the nurse's other responsibilities. Of course, there are many nurses who have none aside from their own personal ones. But there are very many nurses who have others dependent on their moral and financial assistance. Can these duties be lightly thrust aside to make room for the purely patriotic one? Perhaps so. But if so, we shall have to give the subject due consideration before deciding.

It is said: "Your services may not be required. We only wish to know that we have such a list of excellent women if needed." Yes, but the very nurses whom they need are those who would not enter the list with this mental reservation. Either it would be, Shall I go if called on, whatever other duty may require me to remain at home? But could one be entirely happy in doing a duty for one's country knowing that another (perhaps not a higher or holier one, but certainly a more essential one) was being neglected at home?

To the nurses who have no responsibilities aside from their own requirements, and to those who feel they can conscientiously set them aside if called on to do so, I would say, think the matter over seriously, and if you decide you have the necessary qualifications to withstand the hardships, the inconveniences, and the physical and moral temptations which would naturally surround a nurse's life in time of war, and if you feel that you possess the very essential gifts of imparting to those who at such a time would certainly be in, if not the "vale of the shadow of death," at least of sorrow, a ray of sunshine and a feeling that their lives have not been lived for naught, then enlist, enlist at once, and if called on, do your duty faithfully, conscientiously, and to the very best of your professional ability, and, I doubt not, many will rise up and call you, if not blessed, at least, a blessing.

M. F. L.

[This is all very true, but it is over a year since the eligible list was announced, and there are not yet fifty nurses enrolled.—Eds.]

DEAR EDITOR: A letter appeared in the September issue of THE AMERICAN JOURNAL OF NURSING on the subject of "Trained Nurses—Untrained Nurses." The point under discussion seems to me a decided mistake—namely, to consider the graduate nurse, having completed a course of study and fresh from a course of training both practical and

theoretical, nothing more than a "prob." Considering the work she has accomplished during her two or three years in the hospital service, don't you think she ought to know something more than a "prob"? Does she not deserve a little credit for having completed her prescribed course? If a nurse enters into her work with the proper spirit, don't you think she ought to know something about the care of a sick person? The writer of the letter referred to says: "It was more by good luck than good management that I never lost a patient." Why was it? Was her training so deficient as to cause a lack of self-confidence? Is she to be blamed for uttering a remark that casts a reflection on both her school and her superintendent? Some nurses say that they had only ward patients to care for in the hospital and do not feel capable of caring for private patients. Because people of wealth who live in luxury are those to whom the nurse looks as expecting the larger and better part of her work, is that the reason she should feel incompetent? Didn't she care for her "ward patients" just as well and give them as much of her time and herself as she would a private patient or one who apparently had the "money"? Must the latter class be handled with "kid gloves" and the poor and needy be left to the mercy of a hard-hearted woman who is not worthy the name of "Nurse"? My opinion is that a woman of refinement will never be uncouth in manner or language to the unfortunate ones who come under her supervision or care in our wards. The trouble is that the restrictions are not strong enough to bar out those who are otherwise eligible to our training-schools. Why is it that so few nurses can afford a smile in the "ward" when it would mean half the battle and probably a gleam of paradise to the poor sufferers. A woman ought not to take up the profession of nursing unless she is willing to put her whole heart, mind, and soul into the work and go forth with a smiling countenance and a pleasant word to be passed along. Those who do this derive a great benefit and pleasure from their work. I have visited a great many wards and observed the routine work there, and have seen some nurses doing their work as though compelled to do it rather than considering it a privilege and pleasure to render assistance to the unfortunate sufferers. They do their duty with never a thought of the patient, who looks up yearningly for a smile or a pleasant word.

I do not approve of sending nurses out before they graduate, because their time belongs to the hospital and, as a rule, they forfeit a great benefit which they can derive from lectures and practical experience. A true nurse will go wherever she is sent or called, whether to the home of luxury, or the home of poverty where the mother *feels* rich in the possession of the little life which is fast ebbing out. In such

a home the nurse has the greatest chance to do credit to herself, her school, and her training. A nurse's first duty is to herself. If she is not feeling well and fresh for work, she had better not take a case, because she cannot do justice either to her patient or herself. There is no excuse for a nurse becoming slack and indifferent because she is getting tired out; the physician in charge and her patient will think more of her if she will explain the matter thoroughly and obtain relief for a few days. There are very few people who would object to this when they understand the circumstances.

There is a great deal to be said about the nursing profession, and I, for one, would be very glad to read a few more letters on the subject of "Trained Nurses—Untrained Nurses."

H. C. L., "Class of 1903."

[We think there is still much to be said on this subject.—Ed.]

[Letters to the editor must be accompanied by the name in full and address of the writer, otherwise such communications cannot be recognized. The name need not appear in the JOURNAL unless so desired.—Ed.]



**VACUUM CLEANING APPLIED TO OPERATIVE WOUNDS.**—The *Journal of the American Medical Association*, in an abstract of a paper in *Presse Médicale*, says: "Laurens gives an illustration of his little vacuum aspirator, attached to a faucet. It works on the principle of the vacuum cleaning apparatus, sucking all the fluids and loose particles out of the wound. He has found that it reduces the length of otorhino-laryngeal operations, prevents aspiration of secretions, and keeps the wound cleaner than any other measure. It does not siphon out blood, as the mouth-piece is placed over the wound only when there are secretions, blood, and scraps to be aspirated, and is not kept there all the time. Of course, tamponing is necessary in some cases, but in the majority this aspiration technic is sufficient and renders the compress superfluous. The operator has always a clean field before him."

**DISINFECTATION OF THE TONSILS.**—The *Journal of the American Medical Association*, quoting from *Therapie Gegenwart*, says: "Zenner recommends pastilles made of guaiac flavored with some aromatic substance to be used as a disinfectant and in treatment of the tonsils. Whenever there are any indications of sore throat one of these pastilles slowly dissolved in the mouth will be found very useful to avert further trouble and to cure the pathologic tendency of the tonsils."

## EDITOR'S MISCELLANY



EXTRACTS from an address by Dr. Roswell Park to the nurses of the Buffalo General Hospital:

"The most successful physicians are those who have the best business habits; let this be said also of yourselves. You no more want to work, as you have to, for those who are able to pay but won't than we do. A physician or a nurse who gives time and services to the poor without thought of return shows a trait of true nobility, but he or she who permits himself or herself to be swindled by a designing patient shows a lack of sagacity or business prudence which is lamentable. When, therefore, you have a pay patient, work upon a business basis; let there be no uncertainty as to the time when your services, and consequently your pay, commence; let the rate per day or week be definitely arranged; if you are to serve with others, let each one's duty be clearly defined; if travelling expenses are to be paid, have it understood who is to pay them. When preliminaries are thus arranged upon an honorable and satisfactory basis you leave the household with regret, having won the esteem of the family.

"Many trying questions, difficult or impossible to answer, will be given you. Some will tax your ability, some will for the time being destroy your composure, and some will provoke more than a smile. You will be asked, for example, whether Dr. A. is not a great deal better for children than Dr. B.; whether Dr. C. 'always talks' that way to everybody; whether Dr. D. ever had another case just like this one, or if it is really true that Dr. E. is smoking too much. You will be expected to state why it was that Mrs. K. couldn't get on with that last nurse she had; why Mrs. L. didn't change doctors before her second child was taken so sick; whether it is really true that they experiment on patients at the hospitals; whether it will prevent hydrophobia if the dog that bit the little boy be killed right away before the boy shows any symptoms; whether a horsehair left in the water really does become a snake. All these and many other equally irrational or nonsensical questions will be put to you in serious earnestness by people who ought to know better than to ask them, and you will be expected to answer in good faith or weaken the questioner's confidence in your ability. If there be anyone who sees more of the foolish and unreasoning side of human nature than a doctor, it is a nurse. If I seem to draw many parallels between your work or observations and ours, it is simply be-

cause our pathways lie side by side and because I talk to you of what I have seen and heard.

"Unpleasant and disconcerting as such idle talk may be, it must find its compensation in the many warm friends you make, in the many kind words you shall hear, and in the many glimpses into warm and generous human natures which such opportunities as yours afford.

"I have endeavored to remind you of what has been accomplished by your sex, and here venture to hope that if chance or fate should ever place any of you in similar positions you may so acquit yourselves that the world shall be as proud of you as we shall. Opportunities of such magnitude are offered to very few in any walk of life; ten times equipped for ordinary work is the man or woman who rises equal to occasions of such grandeur. Not twenty in a thousand can thus demonstrate their superiority. May you all be enrolled among the twenty.

---

EXTRACTS from an address of Dr. C. C. Rinehart to the graduating class of the Homoeopathic Hospital, Pittsburg:

"To-night you enter upon your world-work, for which your course in the hospital has been the preparation.

"Do not be satisfied with anything short of being the best you can. Emerson says, 'Hitch your wagon to a star.' Fix your mind on what the perfect nurse should be, and make every endeavor to become as near that ideal as possible.

"Remember that 'whatever is worth doing at all is worth doing well.' Be dutiful, tactful, patient, observing, and conscientious in performing every duty devolving upon you."

. . . . .  
 "Do not be discouraged by the ungratefulness of patients. Gratitude rapidly diminishes as the patient approaches recovery in many cases.

"Remember that as much or more depends upon you as upon the physician, and your fidelity, patience, and endurance may win the day in your battle against disease.

"Keep up with the times, treasuring up everything of value to you in your profession to be intelligently used when occasion demands. 'In an art preservative of human life ignorance is not a fault, it is a crime.'

"That you should receive a proper recompense for your labor is right and proper, but this should not be the whole or even the major idea involved. One should have a much higher motive in a calling such as this that you have chosen.

"It is true that 'The laborer is worthy of his hire,' but there are some professions that should be above the sordid recompense of labor. Money cannot pay for the labor of love.

"In the ministry of the Gospel we should be loath to think any man had entered it for position or simply as a means of making a living. To carry the Gospel message means more than a monetary recompense. It is a calling.

"When we enter the field of medicine there is something much greater than the dollar that may become ours as a result of our labor. It is a calling. When you became nurses had you no higher thought than that it was a means of making a living you have wasted precious time, you are unfitted for your chosen career. It is a calling.

"The blessed opportunities for doing good that will come to each one of you, if properly used, will make you a blessing to the world and a benison in the sickroom. To this end you should cultivate all the womanly graces, kindliness, gentleness, humanity, tenderness, tactfulness, and, above all, Christian character."

.....

"Through all the ages those who have been led by the Spirit of God have been inspired to do merciful works, the most merciful of which is to kindly care for those unable to care for themselves. For this purpose hospitals are established, physicians are called, and nurses provided.

"When dread-visaged war between nations has been proclaimed, and preparations for carnage and destruction are under way, with equal readiness the Angel of Mercy unfolds her wings, Red Cross Commissions send their physicians and nurses to the field of battle, that their gentle ministrations may win back the vital spark to friend and foe alike. Think you it is the pay attached to the position that causes these gentle women to endure the hardships and witness the suffering incident to the battlefield?

"The zeal displayed, the tenderness manifested, the privations endured, the constant, unwearied labor performed, the long days and sleepless nights passed in the service of the wounded and dying, are sufficient answer."

---

**AN APPRECIATION.**—Strange, that with all the credit given to humanity for helpful deeds and helpful lives, so little is ever said in the public press in praise of that unique gift of modern Christian civilization, the trained nurse. She is a distinct product of the very best fruitage of all that is noblest and best in the efforts of Christianity to care for man in his most serious needs. For her work she is trained and pre-

pared according to the truest scientific laws. Originally selected because of taste, temperament, physical and mental aptitude, she receives not only the finest instruction that the best professors can impart, but a practical hospital training that qualifies her to handle intelligently and tactfully the great variety of cases committed to her care. Sometimes one proves a failure, but she is weeded out or dropped by a subtle law of natural selection. Those who stand all the required tests and independently take up their chosen life profession are some of the noblest specimens of consecrated skilled womanhood that God ever gave to bless the human race. Neat and attractive in appearance and manner, firm yet gentle, they take hold of their work from their first appearance in the sickroom in a manner that inspires the most absolute confidence on the part of the patient. If he be a man, with a man's natural shrinking from being cared for so entirely by a woman and a stranger, it all disappears in the absolute restfulness of having everything done so perfectly. The quiet modesty and sweet womanliness of her behavior bring a sense of perfect contentment most favorable to recovery. Should any sudden change for the worse occur, she gives no evidence of the fact, but promptly uses those remedies which she always has at hand for such emergencies. She is never taken by surprise, never loses her presence of mind; says little, but that little always cheerfully and encouragingly. Her vigilance is seemingly constant, her resources unailing. She never asks you what you want, but manages to bring just the right thing at the right time. She is a treasure whose value has no mere pecuniary compensation. She is a benediction. And yet some of us were utterly ignorant of her existence until some unlooked-for sickness placed us at her mercy. Have we described an impossible ideal? Nay, only quietly pictured a beautiful reality, for which no words of gratitude can ever convey an adequate expression.—REV. WILLIAM BRYANT in the *Michigan Presbyterian*.

---

THE QUACK NURSING PRESS.—Reprinted from the *British Journal of Nursing* of September 16:

"To the Editor of the '*British Journal of Nursing*.'"

"DEAR MADAM: As a retired matron, with plenty of time on hand, I have during the past year spent much time in studying the nursing press, and I have been immensely impressed with the fact that all the journals for nurses controlled and, in the majority of instances, edited by themselves are wonderfully staunch to the progressive party and most harmonious in tone, whereas every so-called nursing paper—founded as a commercial speculation and edited by lay persons—is

evidently opposed to coöperation among nurses on a sound, self-governing basis, and most timorous in handling nursing politics. For instance, in England we have the *BRITISH JOURNAL OF NURSING*, *The Nurses' Journal*, the *Queen's Nurses' Magazine*, and the organs of the following leagues: Bart's, Southampton, Leicester, Chelsea, Parish of Nottingham, Kingston Infirmary, and St. John's House, all edited by trained nurses, all solid for higher education and State registration of nurses. On the other hand, we have the organs of Sir Henry Burdett, Messrs. Macmillan, and the Midwives' Institute, with non-professional control, all either bitterly opposed to self-government for nurses, or oblivious to their best interests, by omitting to support their just professional aspirations, and two of these journals actually gave what little influence they possess to Sir Henry Burdett's scheme for the subjugation of the nursing profession on what he called the 'Rothschild platform,' but to which unscrupulous transaction the Editor of *THE AMERICAN JOURNAL OF NURSING* gives its right name of 'a plot,' in referring to his recent 'attempt to create an arbitrary body of control for the nursing profession under the *egis* of the Board of Trade'—a 'strange proceeding, which was carried on absolutely without the knowledge of the organized nurses of Great Britain, in such secrecy that it might almost be said to have resembled a plot.'

"In America we see the same result. All the journals edited by nurses are staunch to the best interests of nurses, those which are in the hands of non-professional persons quite the reverse. Surely, common-sense and a sense of self-preservation teaches us a sound lesson in these uncontrovertible facts. Why should we make money for Sir Henry Burdett and his emulators in quack nursing journalism? Personally it appears to me a most suicidal policy. The medical profession might as well spend its money and influence in helping publishers and newspaper proprietors to run papers for medical men in opposition to their professionally staffed press, and thus create a quack medical press, to oppose their best interests upon every possible occasion. This matter of the quack nursing press might very well receive some notice from the *Matrons' Council*. Why should it not be discussed at one of our conference meetings; the discussion would be lively, especially if Sir Henry Burdett and Messrs. Macmillan were invited to reply.

"Yours truly,

"A MEMBER OF THE MATRONS' COUNCIL.

"[We think this an excellent suggestion. A stirring discussion would certainly be insured, to say nothing of 'wigs on the Green.'—*Ed. British Journal of Nursing.*]"

THE "THREE R's" VS. PADS AND PRILLA.—Concluding his articles in the *The Delinquent* on the public schools, Dr. Maxwell, Superintendent of Schools, New York City, has these interesting remarks:

"The public schools are doing what they can to enable the children to become better home-makers and greater home-lovers, to be stronger in body and more ready in application of mind to problems both of the hand and head, and to discover in themselves new aptitudes and gain new modes of self-expression without which, for want of verbal skill, they would be forever dumb. On the other hand, 'book-learning' is not neglected, and as much time is given to the so-called 'essential' branches as the child can utilize with profit. Moreover, this instruction in English, arithmetic, geography, and history, and, in certain of the upper-grade schools, in German or French, is so interspersed with manual and physical training that the child does not suffer from the strain of attention too long continued in one direction. To these so-called essentials by far the greater part of the school day is devoted. In no class is less than 69.5 per cent. given to regular studies, while in five years of the course from 80.8 to 83.5 per cent. is allotted in this way. In the other two years 77.1 and 78.3 are the percentages. In the remaining percentages of the school-week, from 16.5 to 30.5, is done all the work in the special branches and physical training. The use of books and reading receive their due attention through text-books or through the class libraries, which in six months reported a circulation of two million six hundred and eighty-eight thousand four hundred and sixty-nine from their shelf list of four hundred and fifty thousand two hundred and fifty-two volumes. On the other hand, manual and physical training also receive attention in the vacation schools and playgrounds, which, using millions of dollars' worth of city property which otherwise would be wastefully idle, last summer brought happiness to an aggregate attendance of nearly four million.

---

A BROADENING OF WORK.—The Visiting Nurse Association of Chicago has supplied a nurse to direct the work of caring for sick babies at the fresh-air station located on the grounds of the Northwestern University Settlement, which is located in a very congested section of the city. Babies have been cared for and the mothers taught how to properly bathe and feed their children.

The visiting nurses have also had charge of the tuberculosis camp at Glencoe, established by the Gads Hill Settlement and turned over to Miss Fulmer to manage. Miss Fulmer gives an interesting account of the summer's work in *Co-Operation* for September 30.

## OFFICIAL REPORTS



[All communications for this department must be sent to the office of the Editor-in-Chief at Rochester, N. Y.]

### STATE MEETINGS

**NEW YORK STATE.**—The semi-annual meeting of the New York State Nurses' Association was held at the Natural Food Conservatory, Niagara Falls, N. Y., October 17 and 18. The meeting was called to order by the president, Miss Annie Damer. The invocation was by the Rev. Philip W. Mosher, after which Mayor Cutler extended a most cordial welcome on behalf of the citizens of Niagara Falls. Miss Damer responded with a few well-chosen words. The entire morning was devoted to the regular routine business. The Credentials Committee recommended for admission into the society the Graduated Registered Nurses' Association of the County of Kings and the Alumnae Association of the Buffalo General Hospital. The report was accepted as read and both societies admitted to full membership. The secretary reported that several individuals and the Nurses' Alumnae of the S. R. Smith Infirmary had applied for membership too late to be presented at this meeting. The question of having but one meeting a year, and that one in the fall, was discussed and delegates were requested to bring the matter to the attention of their associations, so that they will be prepared to discuss it when it comes formally before them from the Committee on By-Laws. A most interesting report was rendered by Miss Hitchcock, secretary of the Board of Nurse Examiners. In the absence of the chairman of the Bureau of Information, Miss Damer gave a brief outline of the work Miss Cameron was trying to do. The Nominating Committee was appointed, consisting of the three trustees, the Misses O'Neill, Allerton, and Young, and the Misses Kenting, MacDonald, and Lord, elected from the floor. A most interesting paper was read by Miss B. Matilda Unger, a former army nurse, on "Some Difficulties in Nursing in Foreign Countries," followed by a splendid paper by Dr. A. T. Lytle, of Buffalo, on "Materia Medica, Pharmacy, and Therapeutics for Nurses." The delegates were the guests of the nurses of Niagara Falls and their friends on a most delightful automobile trip around the Falls. In the evening a reception was tendered the delegates by the Natural Food Company in their beautiful building. Mayor Cutler and his wife and Dr. Welch were among the guests. Wednesday morning the delegates were again the guests of the local nurses and their friends on a three hours' trolley trip over the wonderful Gorge route. The entire afternoon of the 18th was devoted to the discussion of registration. Papers were read by Miss Dock on the "Program of Registration" and by Dr. Blackham on the "Place of the Small Hospital and Training-School in the Community." Dr. Henry L. Taylor, of the Regents' Office, addressed the meeting and answered many questions which were asked on the subject. A more detailed account will appear in the next number of the JOURNAL.

FRIDA L. HARTMAN, Secretary.

**COLORADO.**—The Colorado State Trained Nurses' Association held a meeting for social and literary purposes in the parlors of the Colorado Sanitarium, Boulder, on October 12. The meeting was opened with a prayer by the Rev. Mr. Wilson. In the absence of the president Miss L. G. Welch was elected chairman. An amendment providing for this second meeting each year to be held outside of Denver was voted upon and carried. The Board of Directors is to decide upon the nominee for the State Board of Nurse Examiners, which vacancy is to occur in April. The following papers were read and discussed: "Country Nursing," by Mrs. E. Bander, Denver, read by Miss H. Corey; "The Trained Nurse and Her Education," by Mrs. M. Thurston, Denver, read by Miss W. A. Donaldson; "Yellow Fever," by Miss S. E. Lawrence, New Orleans, La.; "An Opportunity," by Miss L. C. Boyd, Denver; "The Progress of Nursing as a Profession," by Miss C. J. Miller, Colorado Springs, read by Miss L. G. Welch; "Our Responsibility in Regard to the Tuberculous Problem," by Miss E. P. Jones, Denver; "The Probable Influence of State Registration in the Curriculum and Methods of Training-Schools," by Miss M. McClaskie, superintendent of nurses, Pueblo Hospital, Pueblo; "Ethics in Private Practice," by Miss H. S. Thompson, Denver. The association was royally entertained by the Sanitarium management.

The State Board of Nurse Examiners held a meeting in the Capitol building, Denver, on October 14. In all Colorado now has fifty-eight registered nurses and the board would urge those unregistered to send in their application blanks, as the time-limit is getting very short.

LOUISE C. BOYD, Secretary.

**MINNESOTA.**—The nurses of the State of Minnesota organized a State Association on October 10 at a meeting held in St. Paul at the Commercial Club Parlors. A constitution and by-laws were adopted and the following officers elected: President, Mrs. Alex. Colvin; first vice-president, Miss Rankinhour; second vice-president, Miss Laura Whittaker; secretary, Miss Ida Cannon; assistant secretary, Miss Marie Jammé; treasurer, Miss Mary Wood; chairman Credentials Committee, Miss Bertha Erdmann; chairman Publication Committee, Miss Anna Mallurgh; chairman Ways and Means Committee, Miss Ada Patterson. There were one hundred and seventy-six applications for membership, and the interest is general throughout the State. It is hoped that the organization will have become so strong that a bill can be presented to the next Legislature, which meets in 1907. The policy of the association will be to go slowly and to be sure of its ground before attempting legislation.

IDA M. CANNON, Secretary,  
1043 Laurel Avenue, St. Paul, Minn.

**INDIANA.**—The Indiana State Board of Registration and Examination will meet in Indianapolis November 1, 2, 3, 4, and 5 to examine credentials, etc. Applications accompanied by diplomas should be filed before that time. The necessary blanks may be obtained by request from Dr. E. C. Sammon, "The Marietta," Indianapolis, Ind.

COURSE IN HOSPITAL ECONOMICS

ACCEPTED STUDENTS.

Miss Aurilla J. Perry, Hartford, Conn.  
 Miss Eleanor Wimbush, Royal Infirmary, England.  
 Miss Cora V. Nifer, Indianapolis, Ind.  
 Miss Jessie Bolyen, McLean and Massachusetts General.  
 Miss F. Elizabeth Crowell, St. Joseph's, Chicago, Ill.  
 Miss Anna Hodges, Brooklyn Homeopathic, Brooklyn.  
 Miss Caroline Josephine Durkee, Blockley, Philadelphia.  
 Miss Alice L. Smith.

ACCEPTED BUT WAITING TO ENTER NEXT YEAR'S CLASS.

Miss Frances J. Johnston, Metropolitan Hospital, New York.  
 Miss Harriet G. Ely, Malden, Mass.

CORRECTED LIST OF DONATIONS TO COURSE IN HOSPITAL ECONOMICS.

1906.

April, Miss Elizabeth Reid (through Miss Dolliver) . . .	\$2.00
April, Miss Grace H. Dodge . . . . .	100.00
April, Miss Julia Hoies (through Mrs. Lowry) . . . . .	3.00
April, Miss Alma Allen (through Mrs. Lowry) . . . . .	3.00
April, Miss Hannah Lawrence (through Mrs. Lowry) . . .	3.00
April, Miss Ellen R. McKenzie (through Mrs. Lowry) . . .	3.00
April, Mrs. Edward Peirce (through Mrs. Lowry) . . . . .	5.00
April, Mr. Herbert Walmsley (through Mrs. Lowry) . . .	10.00
April, Miss Janet G. Grant . . . . .	10.00
May, Miss Lucy L. Drown . . . . .	10.00
May, Miss M. A. Lawson . . . . .	25.00
May, New Jersey State Nurses' Association . . . . .	50.00
June, Nurses' Associated Alumnae of the United States . .	100.00
July, Alumnae Association of the University of Mary- land Hospital . . . . .	15.00

ENDOWMENT FUND.

April, Miss Paterson . . . . .	\$15.00
May, Miss Winona Peterson . . . . .	10.00
June, Lebanon Alumnae Association, New York City . . .	5.00
August, Miss M. C. Wheeler . . . . .	10.00

[The JOURNAL is being very much inconvenienced by reports, announcements, marriage notices, etc., etc., being sent in so late for publication. We do not care to give space in regular numbers to such material that is two or three months old. We ask alumnae officers to see to it that material is sent more promptly, that the JOURNAL can be gotten out on time, the first of the month. —Ed.]

## REGULAR MEETINGS

INDIANAPOLIS, IND.—The Alumni Association of the City Hospital Training-School for Nurses celebrated the twenty-first anniversary of the organization of the school on the evening of September 11, 1905. Dr. J. H. Oliver, an ex-superintendent of the hospital, kindly consented to be chairman for the evening and presided in his own cheery way. After the invocation by the Rev. T. J. Villers, of the First Baptist Church, Dr. William N. Wishard, who was superintendent of the hospital when the Training-School was opened, made the address of the evening, giving a review of the work done by the nurses from the beginning, setting forth the conditions as they existed in the hospital before the day of nurses. The nursing corps consisted of one female and one male nurse, the male nurse having been a former patient. The internes took their prescription books with them and after seeing their patients and writing their prescriptions went to the drug room and filled them, and in many instances when the patient was at all able the medicine was put on a stand beside the bed and the patient left to take it as directed. He then compared that time with the present with the heartiest words of commendation for the nurses' services in bringing about the almost miraculous change. Both Dr. Oliver and Dr. Wishard spoke in words of highest praise of the work which was so faithfully done by Mrs. McNaughton as matron of the hospital for twenty-five years. Letters of greeting were received from graduates scattered over the United States, Canada, and England. Mrs. Hunt Bryen, second superintendent of the Training-School, and Miss Margaret Woodworth, a former assistant superintendent, graduates from Bellevue, New York, were made honorary members of the association. Miss Bassett, an impersonator of ability, gave several recitations during the programme. The graduates of the school who were present wore white uniforms and caps and the pupil nurses wore the blue uniform of the hospital and cap. The nurses went to Clinic Hall, which was beautifully decorated with palms and flowers, in a body, and left in the same way after the programme. Upon leaving Clinic Hall our guests were invited to the third floor of the Training-School wing, where ice-cream and cake with hot coffee were served to about two hundred at small tables. An orchestra played throughout the evening, and those so inclined danced among the palms on the second floor. A very pleasant social time was enjoyed until midnight, when the guests began to depart and the twenty-first anniversary celebration was but a happy memory long to be held by those present. The delegates and visitors of the Indiana State Nurses' Association, which was in session at this time, were the guests of honor on this occasion.

---

DENVER.—The Trained Nurses' Association of Denver gave a reception at the Young Women's Christian Association Building to the members of the National Association of Army Nurses of the Civil War while they were in Denver during the Grand Army of the Republic encampment in September. The association decorated the parlors, using the name of the Army Nurses' Association, with the years 1861 and 1865, also bunting, flags, and palms. The national airs were part of the musical programme and fruit punch and cake were served. The members of the Army Nurses' Association present were: Mrs. Fanny T. Hanna, president; Miss Kate M. Scott, secretary; Mrs. Salome M. Stewart, treasurer; Miss Lydia S. Johnson, chaplain; Mrs. Mary F. Gard-

ner, conductor; Mrs. Mary E. Lacey, guard; Mrs. Strait, Mrs. Cole, Mrs. Starbird, Mrs. Dye, Mrs. Frick, Mrs. Lindenbower, Mrs. Stevens, Mrs. Alder, Mrs. Fay, Mrs. Taylor, Mrs. Smith, Mrs. Livingston, Mrs. Chapman, Miss Hancock, Mrs. Dunson, Mrs. Harris, and Mrs. McCray. The Trained Nurses' Association considered it a privilege to accord these women this slight mark of their deep appreciation of the noble work accomplished during the most trying period our country has ever known.

---

NEWTON, MASS.—A meeting of the Newton Nurses' Alumnae Association was held at the Nurses' Home on Wednesday, October 4, at two-thirty P.M., twenty-four members being present. Miss Riddle, superintendent of the Newton Hospital, also her assistant, Miss Patterson, were present. As the secretary was absent, Miss Drury was elected to act as secretary pro tem. The Class of 1905 were admitted as members by a unanimous vote. They are: Misses Rainsford, Pateman, Lewis, Hamilton, Johnston, Berry, Sibly, Jordan, Forge, Erberstack, Holman, Barnes, and Watson—thirteen members. The following graduates were also voted in as members: Misses Etherington, Harvey, Duffy, Le Blanc, Wright, McPherson, Doherty, Phasant, and Jarvis. The following committees were appointed: Membership Committee—Misses Riddle, Harvey, and Doherty; Visiting Committee—Misses McKeil and Melick; Flower Committee—Misses Sullivan, Holman, and Butt; Entertainment Committee—Misses Oliver, Johnston, Holmes, and Watson. J. D. Thompson and Misses Berry and Murphy were appointed a committee to keep in touch with absent members. After the meeting the members were the guests of Miss Riddle at tea.

---

PHILADELPHIA.—The regular monthly meeting of the Nurses' Alumnae Association of the Medico-Chirurgical Hospital was held in the parlor of the Nurses' Home on October 4 at three P.M. In the absence of the president Mrs. Schloss occupied the chair. The meeting was well attended. The principal business transacted was the arrangements for a euchre and dance to be given November 22 at St. James's Hall, Thirty-first and Market Streets, the proceeds of which are to be added to the fund for furnishing and endowing a room for sick members. All nurses and their friends are cordially invited.

---

YONKERS, N. Y.—The annual meeting for election of officers of St. John's Riverside Hospital Alumnae Association was held in New York City on September 28. The officers elected were: President, Mrs. Charity Goerek (relected); vice-president, Miss M. I. Davis; treasurer, Mrs. M. L. Lee (relected); secretary, Miss K. Mann (relected).

---

NEW YORK.—The first fall meeting of the Lebanon Alumnae was held at the hospital on September 12. The meetings will continue to be on the second Tuesday of each month. Both the September and October meetings were well attended, there being one new member admitted. We hope for a good attendance throughout the winter.

---

CONCORD, N. H.—The graduates of the Margaret Pillsbury Hospital of Concord, N. H., have organized an Alumnae Association.

**BIRTHS**

On September 19, a daughter to Professor and Mrs. Carl F. Schmitt, of Wilkes-Barre, Pa. Mrs. Schmitt was Miss Jessop, Lowell City Hospital, Class of 1898.

To Mr. and Mrs. T. A. Pickeringill on June 23, 1905, at Wyncambe, Ont., a son. Mrs. Pickeringill is a graduate of the Toronto General.

**MARRIAGES**

At Valatie, N. Y., September 20, 1905, Miss Jane Muldowney, graduate of the New York City Training-School, Class of 1903, to James T. Glynn, of Albany, N. Y., journalist.

In New Bedford, Mass., July 31, 1905, Jennie M. Linton, Class of 1898, Rhode Island Hospital Training-School, to Walter Ward, both of Providence, R. I.

In Providence, R. I., September 20, 1905, Ruth E. Miller, Class of 1903, Rhode Island Hospital Training-School, to Frank A. Sherman, of Westerly, R. I.

At Chatham, Ontario, September 18, 1905, Helene King, graduate of the Lakeside School for Nurses, Cleveland, O., Class of 1903, to Mr. William Ireland.

On July 27, at Adolphustown, Ont., Florence I. Roberts, Toronto General, Class of 1899, to D. M. Allison, M.D., of Williamstown, N. Y.

On June 5, at Slayner, Ont., Maud Ritchie, Toronto General, Class of 1903, to Mr. Herman Reeve, of Montreal, Canada.

On July 1, at Dunnville, Ont., Armina Wisner, Toronto General, Class of 1902, to Mr. A. Bilger, of Toronto, Canada.

**OBITUARY**

At a meeting of the Alumni of the Lynn Hospital Training-School for Nurses the death of Miss Georgianna Asselstine was announced and the committee drew up the following resolutions:

"WHEREAS, The hand of death has called our sister and co-worker, Miss Georgianna Asselstine, to her reward:

"Resolved, That the members of the Alumni Association of Lynn Hospital Training-School for Nurses desire to express their deep sorrow for her death, and extend to her family their heartfelt sympathy in their bereavement.

"Resolved, That a copy be sent to the family, to THE AMERICAN JOURNAL OF NURSING, and recorded upon the minutes of this association.

"ANNA SMITH CURTIS,

"MARY A. BYRNE,

"RUTH M. CROWE.

"LYNN, MASS., August 3, 1905."

"WITH deep sorrow we announce the death of Miss Josephine Barr, of Monmouth, Ill., on September 11, 1905.

"Miss Barr was a graduate of the Passavant Memorial Hospital Training-School, Class of 1901.

"WHEREAS, It has pleased our Heavenly Father to take her unto Himself; therefore be it

"Resolved, That we, the members of the Passavant Alumnae Association, extend our sincere sympathy to the bereaved family and friends; and furthermore be it

"Resolved, That a copy of these resolutions be sent to the family of the deceased, to the nursing journals for publication, and be recorded in the minutes of the association.

"B. D. HAMILTON,

"MATILDA OLESON,

"LIZZIE UHE,

"Committee."

---

At the September meeting of the Alumnae Association of the Bridgeport Hospital announcement was made of the death at her home in New Haven, Conn., of Miss Elizabeth K. Ruth, Class of 1901.

Miss Ruth died Friday morning, September 8, 1905.

A committee was appointed who prepared the following resolutions:

"WHEREAS, God in His infinite wisdom has taken from us our beloved friend and associate, Elizabeth K. Ruth; and

"WHEREAS, The Alumnae Association of the Bridgeport Hospital has lost a valued member, who ever aimed to promote and maintain a high ideal of nursing and of womanhood; and

"WHEREAS, Her memory will long be cherished by her friends for her honest and conscientious fulfillment of duty, for her Christian faith, her courage and fortitude; therefore be it

"Resolved, That the Bridgeport Hospital Alumnae Association express its appreciation of her work and her life, and that they express their sincere sympathy to her mother, her sisters, and her brother by sending to them a copy of this resolution, that a copy be sent to THE AMERICAN JOURNAL OF NURSING, and also recorded in the minutes of the association.

"ANNA L. PORTER,

"JEANIE M. CAMPBELL,

"Committee on Resolutions."

---



## HOSPITAL AND TRAINING-SCHOOL ITEMS

\*\*\*

### HOSPITALS

THE Toronto General Hospital, Toronto, is about to open a wing for the treatment of the poor who are in the incipient stage of mental disease. The vacancy caused by the retirement of Dr. Charles O. Reilly has been filled by the appointment of Dr. J. W. E. Brown. Plans for the new buildings are being considered by the trustees of the Toronto General, and the money is in sight which will make it possible to begin the work at an early day.

### TRAINING-SCHOOL NOTES

TEACHERS COLLEGE, Columbia University, New York, announces a two-years' professional curriculum leading to a special diploma in hospital economics as follows:

*Fundamental Subjects* (12 points)—a point is one hour a week, throughout one half-year:

Education A—General and Educational Psychology—6 points.

Education B—History and Philosophy of Education—6 points.

*Major Subjects* (30 or 32 points):

Hospital Economics 1a-2a—Methods—2 points.

Hospital Economics 1b-2b—Practical Work—2 points.

Hospital Economics 3-4—Organization and Administration—4 points.

Education 31—Principles of Method—2 points.

Education 66, or School Hygiene—2 points.

Domestic Science 9-10—Household Mechanics and Sanitation—4 points.

Biology 8—Bacteriology—2 points.

Biology 9-10—Human Physiology—4 points.

Domestic Science 3-4—Food Production and Manufacture—4 points.

Domestic Science 5-6—Household Chemistry—4 points.

Domestic Science 15-16—Specialized Course in Foods—4 points.

*Elective Courses:*

The following are recommended:

Education 101-102—Contemporary Educational Problems—2 points.

Domestic Science 7-8—Foods, advanced—2 points.

Domestic Science 101-102—Household Chemistry, advanced—4 points.

English 3-4—English Usage—4 points.

English 7-8—Oral Reading—4 points.

Fine Arts 3-4—Art Appreciation and History—2 points.

History 3-4—Economic and Social History—4 points.

Mathematics 51-52—Economic Mathematics—2 points.

Physical Education 1-2—Gymnastics—2 points.

Physical Education 5—Descriptive Anatomy—2 points.

Physical Education 13-14—History of Physical Education—2 points.

**Physical Education 107-108—Anthropometry, Diagnosis, and Corrective Exercises—4 points.**

**Physical Science 3-4—Principles of Chemistry—3 points.**

• Three members of former classes are now studying for the diploma.

Applications for admission or requests for further information should be made to the secretary of Teachers College.

**PROGRAMME of the Chicago Society of Superintendents of Training-Schools:**  
**October.**—"Introductory Address," Miss Rose.

**November.**—(A) "Hospital Discipline," Miss Pickard; (B) "Ethics for Superintendents of Training-Schools," Miss Overholt.

**December.**—"Preliminary Course for Nurses," Miss McMillan.

**January.**—(A) "Maternity Work," Mrs. Koch; (B) "Care of Children," Miss Watson.

**February.**—"District Nursing," Miss Fulmer.

**March.**—"Study and Practice for Nurses in the Third Year," Miss Ellesworth.

**April.**—"Who Shall Pay for the Nurse's Education?" Miss Tooker.

**May.**—Subject to be announced.

**June.**—(A) "Benefits to be Obtained from the Teacher's Course, Columbia College," Miss Ahrens; (B) "Central Directory," Sr. Ignatius Feeney.

THE corner-stone of the Nurses' Residence Hospital for Sick Children, Toronto, was laid on Saturday, October 7. This residence will cost seventy-five thousand dollars and is the gift of Mr. John Ross Robertson, president of the hospital.

THE Royal Victoria Hospital at Montreal is about to erect a nurses' residence.

### PERSONAL

MISS ANNIE LAUDER SUTHERLAND, graduate of the Toronto General Hospital in 1891, and matron of the Lakeside Hospital, Cleveland, O., has been appointed superintendent of nurses at the City Hospital, Hartford, Conn.

MISS MAUD BROWN and HELEN KING arrived safely in Dawson, Yukon Territory, and entered upon their duties as head nurses in the Good Samaritan Hospital on September 1.

MISS HELEN SANSON, graduate of St. Luke's Hospital, New York, has accepted the position of assistant superintendent in the New England Hospital, Boston, Mass.

MISS IDA SHARPE, graduate of the Toronto General in 1893, has been appointed superintendent of nurses at the Long Island College Hospital, Brooklyn, N. Y.

MISS ELIZABETH HANSON, who has been in charge of the Training-School of the Western Pennsylvania Hospital, Pittsburgh, Pa., has resigned her position.

MISS BERTHA TOVE, Toronto General, Class of 1903, is now superintendent of the General Hospital, Parry Sound.

MISS JAMES CHRISTIE, appointed as assistant, Toronto General, in June last, has resigned her position.

## CHANGES IN THE ARMY NURSE CORPS



### CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE SURGEON-GENERAL'S OFFICE FOR THE MONTH ENDING OCTOBER 11, 1903.

AMEL, ROSE E., formerly on duty at the General Hospital, Presidio of San Francisco, discharged.

Bamber, Isabelle M., transferred from the Division Hospital, Manila, P. I., to the transport Sheridan en route to the United States, arrived at San Francisco on September 13, and assigned to duty at the General Hospital, Presidio.

Cain, Araminta P., graduate of the Lowell Hospital Training-School, Lowell, Mass., Class of 1903, appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

Flick, Lucile Edna Sylvia, formerly chief nurse at the Division Hospital, Manila, discharged.

Moore, Margaret, graduate of the Mary Fletcher Training-School, Burlington, Vt., Class of 1900, appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

Patterson, Emma B., formerly on duty at the General Hospital, Presidio of San Francisco, discharged.

Richmond, Edith L., on duty at the General Hospital, Presidio of San Francisco, under orders to sail for the Philippines Division on November 6.

Shaw, Edith May, on duty at the General Hospital, Presidio of San Francisco, under orders to sail for the Philippines Division on November 6.

Smith, Catharine, graduate of the Arnot-Ogden Memorial Hospital, Elmira, N. Y., Class of 1906, and recently superintendent of nurses at the McKinley Memorial Hospital, Trenton, N. J., appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

Soule, Margaret V., transferred from General Hospital, Presidio of San Francisco, to the General Hospital, Fort Bayard, N. M., for duty.



**A MOVEMENT FOR SANITARY KITCHENS.**—A movement is on foot in Chicago looking to the passage of legislation permitting the formation of an inspection brigade, to be directed by the Board of Health, whose sole duty will be to examine restaurant kitchens, and to see to it that rules governing the conduct of these departments of eating-houses in regard to sanitation are carried out. Such kitchens are usually in the basement, and those of the cheaper sort are too often dirty and ill-ventilated. Food may be all right when purchased, but when kept for a short time in such places be entirely unfit for use.

Reform in the restaurant kitchen is bound to come in time, and the Chicago idea should be encouraged.

## OFFICIAL DIRECTORY

### THE AMERICAN JOURNAL OF NURSING COMPANY.

President, Miss ISABEL McISAAC, Benton Harbor, Mich.

Secretary, Miss JANE A. DELANO, Bellevue Hospital, New York.

### THE AMERICAN SOCIETY OF SUPERINTENDENTS OF TRAINING-SCHOOLS.

President, Miss ANNIE W. GOODRICH, New York Hospital, New York.

Secretary, Miss M. A. NUTTINS, Johns Hopkins Hospital, Baltimore, Md.

Annual meeting to be held in New York in May, 1906.

### THE NURSES' ASSOCIATED ALUMNÆ OF THE UNITED STATES.

President, Miss ANNIE DAMER, Bellevue Hospital Out-Patient Department, New York.

Secretary, Miss NELLIE M. CASEY, 814 South Tenth Street, Philadelphia, Pa.

Annual meeting, 1906, Detroit, Mich.

### ARMY NURSE CORPS, U. S. A.

Mrs. DITA H. KINNEY, Surgeon-General's Office, Washington, D. C.

### ISTHMIAN CANAL NURSING SERVICE.

Miss M. EUGENIE HINERD, Ancon Hospital, Ancon, Panama.

### CALIFORNIA STATE NURSES' ASSOCIATION.

President, Miss S. G. DOWIE, St. Thomas's Hospital, San Francisco, Cal.

Secretary, Miss T. E. MCCARTHY, 1105 Van Ness Avenue, San Francisco, Cal.

### COLORADO STATE NURSES' ASSOCIATION.

President, Miss EMMA MARGESON, 1217 North Prospect Street, Colorado Springs, Col.

Secretary, Miss LOUISE CROFT BOYD, 125 East Eighteenth Street, Denver, Col.

### CONNECTICUT STATE NURSES' ASSOCIATION.

President, Mrs. MARY T. FULLER, Hartford, Conn.

Secretary, Miss J. M. CAMPBELL, Bridgeport, Conn.

### DISTRICT OF COLUMBIA GRADUATE NURSES' ASSOCIATION.

President, Miss G. M. NEVINS, Garfield Hospital, Washington, D. C.

Secretary,

### INDIANA STATE NURSES' ASSOCIATION.

President, Mrs. E. G. FOURNIER, Hope Hospital, Fort Wayne, Ind.

Secretary, Miss F. M. GRANT, City Hospital, Indianapolis, Ind.

### IOWA STATE NURSES' ASSOCIATION.

President, Miss ESTELLE CAMPBELL.

Secretary,

### ILLINOIS STATE NURSES' ASSOCIATION.

President, Miss M. H. McMILLAN, Presbyterian Hospital, Chicago, Ill.

Secretary, Mrs. FREDERICK TICE, 1453 West Monroe Street, Chicago, Ill.

### LOUISIANA STATE NURSES' ASSOCIATION.

President,

Secretary,

**MASSACHUSETTS STATE NURSES' ASSOCIATION.**

President, Miss MARY M. RUSSELL, Newton Hospital, Newton Lower Falls, Mass.  
Secretary, Miss ETHEL DART, Stillman Infirmary, Cambridge, Mass.

**MARYLAND STATE NURSES' ASSOCIATION.**

President, Miss M. A. NUTTINS, Johns Hopkins Hospital, Baltimore, Md.  
Secretary, Miss SARAH MARSH, Garrott Hospital for Children, Baltimore, Md.

**MICHIGAN STATE NURSES' ASSOCIATION.**

President, Miss SARAH E. SLY, Birmingham, Mich.  
Secretary, Miss KATHERINE M. GUYSON, 63 Beatwick Street, Grand Rapids, Mich.

**MINNESOTA STATE NURSES' ASSOCIATION.**

President, Mrs. ALEX. COLVIN, St. Paul.  
Secretary, Miss IDA M. CANNON, City and 1043 Laurel Avenue, St. Paul, Minn.

**NEW JERSEY STATE NURSES' ASSOCIATION.**

President, Miss BEETHA J. GARDNER, 820 Clinton Avenue, Newark, N. J.  
Secretary, Miss MARY E. ROCKHILL, 826 Stevens Street, Camden, N. J.

**NEW YORK STATE NURSES' ASSOCIATION.**

President, Miss ANNIE DAMER, Bellevue Hospital Out-Patient Department, New York City.  
Secretary, Miss FREDA HARTMAN, 82 East Eighty-first Street, New York City.

**NORTH CAROLINA STATE NURSES' ASSOCIATION.**

President, Miss M. L. WYCHE, Durham, N. C.  
Secretary,

**OREGON STATE NURSES' ASSOCIATION.**

President, Miss WALKER, Good Samaritan Hospital, Portland, Ore.  
Secretary,

**OHIO STATE NURSES' ASSOCIATION.**

President, Miss GREENWOOD, Jewish Hospital, Cincinnati, O.  
Secretary, Miss EMERENTH M. HASTOCK, Cincinnati, O.

**PENNSYLVANIA STATE NURSES' ASSOCIATION.**

President, Miss ANNIE E. BRIDSON.  
Press Correspondent, Miss MAUDE W. MILLER, 634 Maple Lane, Sewickley, Pa.

**RHODE ISLAND STATE NURSES' ASSOCIATION.**

President, Miss LUCY C. AYER, Rhode Island Hospital, Providence.  
Secretary,

**VIRGINIA STATE NURSES' ASSOCIATION.**

President, Miss MARY WHITEHEAD, Richmond, Va.  
Corresponding Secretary, Miss ANGLADE FLETCHER, Charlottesville, Va.

**WASHINGTON STATE NURSES' ASSOCIATION.**

President, Miss BATTLE, Spokane, Wash.  
Corresponding Secretary, Miss S. LAURA GOODMAN, The Touraine, Spokane, Wash.